



NATIONAL CENTER IN
MINORITY HEALTH AND
HEALTH DISPARITIES

National Institutes of Health



September 24-25, 2001
Wyndham Philadelphia at Franklin Plaza
Philadelphia, PA

Bridging
*science &
culture*
to
Improve
Drug Abuse
Research
in
Minority
Communities





September 24, 2001

Dear Colleagues:

On behalf of the National Institute on Drug Abuse (NIDA), I am pleased to welcome you to this timely conference, *Bridging Science and Culture to Improve Drug Abuse Research in Minority Communities*. I would like to acknowledge the assistance of our cosponsors, the National Center on Minority Health and Disparities (NCMHD), National Institutes of Health, and the Robert Wood Johnson Foundation (RWJF), for their generous support.

In recent years, NIDA has made a concerted effort to better understand and address the drug abuse and addiction research needs of racial/ethnic minority populations, focusing on areas where there are significant gaps in knowledge and clear disparities in prevention, treatment, and health services in these communities. At this conference, we have the extraordinary opportunity to work together to review the research, collaborations, and dissemination activities. We look forward to hearing your experiences and recommendations.

We are privileged to be joined at this conference by a number of national leaders and experts. Through plenary and concurrent sessions, scientists and practitioners will present on a host of social, cognitive, behavioral, health, and medical consequences of drug abuse as they relate to minority populations. Other conference highlights include grants development sessions, mock review, and roundtable discussions

As its name states, we see this conference as a major step in a process on how to effectively bridge science and culture to improve drug abuse prevention and treatment in minority communities. Our commitment is to continually use research to improve the nation's understanding of drug abuse and addiction in all racial/ethnic minority groups. Thank you for participating in this important event.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan I. Leshner".

Alan I. Leshner, Ph.D.
Director



National Center on Minority Health
and Health Disparities
6707 Democracy Boulevard
Suite 800 MSC 5465
Bethesda, Maryland 20892-5465

September 24, 2001

Dear Colleagues,

On behalf of the National Center on Minority Health and Health Disparities (NCMHD), I am pleased to welcome you to the *Bridging Science and Culture to Improve Drug Abuse Research in Minority Communities* conference. We are pleased to support this conference and thank the National Institute on Drug Abuse (NIDA) for its organization and hosting efforts.

In recent years we have worked with NIDA to better understand the impact that drug abuse has on minority and underserved populations. Together, we studied the Medical Consequences of HTLV-II in Injection Drug Users and funded undergraduate and predoctoral research training through the Minority Recruitment and Training Program, the Substance Abuse Treatment Research Training Program, and the Interactive Research Program for Majority/Minority Institutions. Additionally, we jointly fund the Research Scientist Award for researchers in Minority Research/Training Centers. We look forward to more joint research and training opportunities with NIDA.

Our interest in this conference is derived from our congressional mandate to conduct and support research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities. Our priority is minority health disparity research, of which drug abuse is an important issue.

We believe that this conference represents a major step in addressing the impact of drug abuse on minority populations, and we remain committed to working with NIDA and other organizations in this area.

Sincerely,

A handwritten signature in black ink, appearing to read "John Ruffin, Ph.D.", written in a cursive style.

John Ruffin, Ph.D.
Director

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program



nzululwazi ne amasiko nezithete

科学と文化

cwaningo no amasiko

과학과 민족문화

wetenskap en kultuur

les sciences et la culture

science ke amane

maranyane le ngwao

mahlale le setso

ciencia y cultura

科學和文化

Program

Monday, September 24, 2001

- 8:30 a.m. - 8:35 a.m. **Call to Order**
Alan I. Leshner, Ph.D.
Director, National Institute on Drug Abuse (NIDA)
National Institutes of Health (NIH)
- 8:35 a.m. - 8:45 a.m. **Opening Day Ceremony**
Ronald Sy
Executive Director, AIDS Services in Asian Communities
- Jerry Stubben, Ph.D.*
Iowa State University
NIDA's Native American/Alaska Native Work Group
- 8:45 a.m. - 9:15 a.m. **Welcoming Remarks**
Claude A. Allen, J.D.
Deputy Secretary of Health and Human Services
U.S. Department of Health and Human Services
- Estelle Richman*
Director of Social Services
City of Philadelphia, Pennsylvania
- Floyd K. Morris*
Senior Program Officer, The Robert Wood Johnson Foundation
- John Ruffin, Ph.D.*
Director, National Center on Minority Health and Health Disparities
NIH
- Edward H. Jurith, J.D.*
Acting Director, Office of National Drug Control Policy
Executive Office of the President
- 9:15 a.m. - 9:45 a.m. **Minority Health and Health Disparities Research at NIDA**
Alan I. Leshner, Ph.D.
NIDA



Monday, September 24, 2001 (continued)

9:45 a.m. - 11:00 a.m. **Plenary Panel: Session I**
The Power of Science, Culture, and Race in Generating Knowledge and
Influencing Behavior: Toward a Better Understanding of Addiction in
Minority Populations

NIDA Moderator: *Richard A. Millstein*

Race and Racism in Scientific Research
James M. Jones, Ph.D.
University of Delaware

The Power of Race/Ethnicity, Culture, and Science in
Understanding Drug Abuse
Kathy Sanders-Phillips, Ph.D.
Howard University

11:00 a.m. - 12:30 p.m. **Plenary Panel: Session II**
Drug Use Among Minority Populations

NIDA Moderator: *Leslie Cooper, Ph.D., M.P.H., R.N.*

An Overview of Drug Use and Associated Problems Experienced by
Racial and Ethnic Minority Populations in the United States
James C. Anthony, Ph.D.
Johns Hopkins University

Social Consequences and Criminalization of Drug Use in Minority
Communities
Martin Y. Iguchi, Ph.D.
RAND

The Medical Consequences of Drug Use in Minority Populations
Henry L. Francis, M.D.
NIDA

12:30 p.m. - 1:00 p.m. **BREAK**

1:00 p.m. - 2:00 p.m. **LUNCHEON**

Moderator: *Floyd K. Morris*
The Robert Wood Johnson Foundation

Renee Poussaint
Poussaint Communications, Inc.



Monday, September 24, 2001 (continued)

2:00 p.m. - 2:15 p.m.

BREAK

2:15 p.m. - 3:30 p.m.

Concurrent Sessions

A. Health Care Systems and Substance Abuse Treatment for Minority Populations

NIDA Moderator: *William S. Cartwright, Ph.D.*

Jerry Flanzer, Ph.D.
NIDA

Testing the Effectiveness of a Public Health Approach to Treating Substance-Abusing Women on Welfare

Jonathan Morgenstern, Ph.D.
Mount Sinai School of Medicine

B. Treatment With Minority Populations

NIDA Moderator: *Mark R. Green, Ph.D.*

Use of Pharmacological Interventions With Minority Populations

Lawrence S. Brown, Jr., M.D., M.P.H.
Addiction Research and Treatment Corporation

Behavioral Interventions With Minority Populations

Karen Y. Mechanic, M.D.
University of Pennsylvania

C. Understanding and Treating Comorbidities

NIDA Moderator: *Yonette F. Thomas, Ph.D.*

Drug Abuse and Co-Occurring Conditions in Racial/Ethnic Populations

Linda B. Cottler, Ph.D.
Washington University

Comorbidity of Addiction and Severe Mental Illness

E. Cabrina Campbell, M.D.
University of Pennsylvania



Monday, September 24, 2001 (continued)

D. Dynamics of Addiction

NIDA Moderator: *Paul Schnur, Ph.D.*

What Happens?: Understanding the Physiology of Addiction
Tony L. Strickland, Ph.D.
Charles R. Drew University of Medicine and Science and
University of California, Los Angeles

Implications of Addiction for Treatment:
Understanding Craving and Relapse
Anna Rose Childress, Ph.D.
University of Pennsylvania

E. Issues in Corrections

NIDA Moderator: *Lynda Erinoff, Ph.D., J.D.*

Implementing HIV/AIDS Risk Reduction Interventions
Torrance Stephens, Ph.D.
Fred Locklear
Oliver Peters
Emory University

Drug Treatment and Minority Populations in Prison and Work Release
Steven S. Martin, M.A.
Ronald A. Beard, M.H.S.
University of Delaware

F. HIV/AIDS and Women of Color

NIDA Moderator: *Pushpa V. Thadani, Ph.D.*

Preventing HIV/AIDS With Hispanic and Native American Women
Barbara Estrada, M.S.
University of Arizona

HIV Risk Reduction Targeting African American Female Crack Users
Claire E. Sterk, Ph.D.
Emory University

3:30 p.m. - 3:45 p.m.

BREAK



Monday, September 24, 2001 (continued)

3:45 p.m. - 5:00 p.m. **Concurrent Sessions**

G. Blending Research and Practice

NIDA Moderator: *Ivan D. Montoya, M.D., M.P.H.*

NIDA's Clinical Trials Network
Mary Ann Chutuape Stephens, Ph.D.
NIDA

From Research to Practice: The Case of Project Alert
Phyllis L. Ellickson, Ph.D.
RAND

H. Drug Abuse Prevention Programs With Minority Youth

Moderator: *Jeanette Bevet-Mills, M.S., M.Ed.*
Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration

Preventing Drug Abuse With Life Skills Training
Kenneth W. Griffin, Ph.D., M.P.H.
Cornell University

dents
Career-Oriented Prevention for African American Middle School Stu-

James P. Griffin, Jr., Ph.D.
James Springfield, M.A.
Morehouse School of Medicine

I. Drug Treatment Programs for Minority Youth

NIDA Moderator: *Kevin P. Conway, Ph.D.*

Hooked on Tobacco: Issues in African American Teen Smokers
Eric T. Moolchan, M.D.
NIDA

Culturally Sensitive Family-Based Treatment for Adolescent
Substance Abuse
Tanya Quille, Ph.D.
Howard A. Liddle, Ed.D.



University of Miami

Monday, September 24, 2001 (continued)

J. Understanding Barriers to Prevention and Treatment

NIDA Moderator: *Jessica J. Campbell, Ph.D.*

Elimination of Barriers to Treatment for Women at Risk for HIV

Wendee M. Wechsberg, Ph.D.

Research Triangle Institute

Issues Affecting the Prevention and Treatment of Substance Abuse in Asian American/Pacific Islander Populations

Ford H. Kuramoto, M.S.W., D.S.W.

National Asian Pacific American Families Against Substance Abuse,

Inc.

K. Working With Communities

NIDA Moderator: *Arnold R. Mills, M.S.W.*

Lessons Learned From "Fighting Back" and the Urban Health Initiative

Floyd K. Morris

The Robert Wood Johnson Foundation

Families and Schools Together Program

Lynn McDonald, M.S.W., Ph.D.

Wisconsin Center for Education Research

L. The Effects of Drugs on Minority Individuals

NIDA Moderator: *Vincent L. Smeriglio, Ph.D.*

Prenatal Exposure to Cocaine: The Collision of Science and Culture

Deborah A. Frank, M.D.

Boston Medical Center

Effects of Acute Smoked Marijuana on

Complex Cognitive Performance

Carl L. Hart, Ph.D.

Columbia University



4:45 p.m. **Adjournment**
Tuesday, September 25, 2001

8:45 a.m. - 8:50 a.m. **Opening and Call to Order**
Richard A. Millstein
Deputy Director, NIDA

8:50 a.m. - 9:00 a.m. **Opening Day Ceremony**
Rafaela Robles, Ph.D.
Universidad Central del Caribe
NIDA's Hispanic Network

9:00 a.m. - 9:30 a.m. **Keynote Address**
David Satcher, M.D., Ph.D.
Surgeon General of the United States
U.S. Department of Health and Human Services

9:30 a.m. - 11:00 a.m. **Plenary Panel: Session III**
Prevention Research and Minority Populations

NIDA Moderator: *Dionne J. Jones, Ph.D.*

Effective Prevention Strategies and Programs With Minority Communities
Pamela Jumper-Thurman, Ph.D.
Colorado State University

Making Prevention Programs Culturally Appropriate:
Examples, Challenges, and Needs
Rose Alvarado, Ph.D.
University of Utah

Free to Grow: Translating Substance Abuse Research Into
Preventive Practice in a National Head Start Initiative
Judith E. Jones, M.Sc.
Columbia University

11:00 a.m. - 12:15 p.m. **Plenary Panel: Session IV**
Effective Treatment and Service Delivery With Minority Communities

NIDA Moderator: *Jerry Flanzer, D.S.W.*

Effective Treatment With Minority Communities
José Szapocznik, Ph.D.
University of Miami

Drug Treatment Services for Minority Populations
Andrea G. Barthwell, M.D., FASAM



*Human Resources Development Institute, Inc., and
Behavioral Research Action in Social Sciences Foundation*

Tuesday, September 25, 2001 (continued)

12:15 p.m. - 12:45 p.m. **BREAK**

12:45 p.m. - 1:45 p.m. **LUNCHEON ROUNDTABLES**

12:45 p.m. - 3:00 p.m. **Grant-Writing Workshop**
Registered Participants

2:00 p.m. - 3:30 p.m. **Concurrent Sessions**

A. Prevention With Minority Populations in Rural Communities

NIDA Moderator: *Eve E. Reider, Ph.D.*

Working With Rural African American Youth
Murelle G. Harrison, Ph.D.
Southern University

Working and Conducting Research Among American Indian Families
Jerry Stubben, Ph.D.
Iowa State University

B. Prevention With High-Risk Groups

NIDA Moderator: *Kesine Nimit, M.D.*

Prevention of HIV Among Adolescents
Mary Jane Rotheram-Borus, Ph.D.
University of California, Los Angeles

The Prime Time Project
Eric W. Trupin, Ph.D.
University of Washington

C. Improving Validity of Research With Minority Populations

NIDA Moderator: *Suman A. Rao, Ph.D.*

The Importance of Using Ethnically and Regionally Specific
Language in Surveys
Andrew Morral, Ph.D.
RAND

Drug Use in Asian American/Pacific Islander Populations:
Incidence, Prevalence, and Data Needs



Rumi Kato Price, Ph.D., M.P.E.
Washington University

Tuesday, September 25, 2001 (continued)

D. Violence and Drug Abuse

NIDA Moderator: *Richard C. Harrison*

Violence and Drug Use: A Tangled Web
Merrill C. Singer, Ph.D.
Hispanic Health Council, Inc.

Witnessing Community Violence and Substance Use
Michelle Cooley-Quille, Ph.D.
Johns Hopkins University

E. Establishing Drug Abuse Research Careers and Partnerships

NIDA Moderator: *Tina McDonald-Bennett*

NIH Opportunities for Students and New Researchers
Lula Beatty, Ph.D.
NIDA

Establishing Research Partnerships Between Minority and
Majority Universities
Ken Harewood, Ph.D.
North Carolina Central University

3:30 p.m. - 3:45 p.m.

BREAK

3:45 p.m. - 5:00 p.m.

Concurrent Sessions

F. Spirituality in Prevention and Treatment

NIDA Moderator: *Arnold R. Mills, M.S.W.*

Communities and Spirit
Karina L. Walters, Ph.D.
University of Washington

Utilization of Spiritually Based Programs for Native Americans



*Jerry Stubben, Ph.D.
Iowa State University*

Tuesday, September 25, 2001 (continued)

G. Vulnerability to Drug Abuse

NIDA Moderator: *Amrat Patel, Ph.D.*

Drug Use and Dependence in a Population of Urban, African American Young Adults: Prevalence, Correlates, Comorbidity, and Unmet Drug Treatment Service Needs

Nicholas S. Ialongo, Ph.D.

Carolyn Furr-Holden, Ph.D.

Johns Hopkins University

The Effect of Race, Neighborhood, and Social Networks on Initiation of Injection Drug Use

Crystal M. Fuller, Ph.D.

Columbia University

H. Challenges of Being an Effective Drug Abuse Researcher

NIDA Moderator: *Joseph Frascella, Ph.D.*

Being the "Other": Majority Researcher Issues

Philip A. Fisher, Ph.D.

Oregon Social Learning Center

Community-Based Research: A Minority Researcher's Personal Observations

Frank Yuan Wong, Ph.D.

George Washington University

I. Epidemiology of HIV

NIDA Moderator: *Moo Kwang Park, Ph.D.*

Social and Racial Disparities in HIV Infections Among Injection Drug Users

Ricky N. Bluthenthal, Ph.D.

RAND

HIV and Drugs in Special Populations



*Clyde B. McCoy, Ph.D.
University of Miami*

Tuesday, September 25, 2001 (continued)

J. Adults at Risk

NIDA Moderator: *Flair Lindsey*

Partner Abuse and Sexual Risk Behavior Among Women on Methadone
*Nabila El-Bassel, D.S.W.
Columbia University*

Lifetime Cumulative Adversity and Drug Dependence:
Racial/Ethnic Contrasts
*R. Jay Turner, Ph.D.
Florida International University*

5:00 p.m.

Adjournment

5:00 p.m. - 7:00 p.m.

NIDA's Work Group Meetings

7:00 p.m. - 9:00 p.m.

Mock Peer Review
Registered Participants



Wednesday, September 26, 2001

- 8:30 a.m. - 8:35 a.m. **Opening and Call to Order**
Lula Beatty, Ph.D.
Chief, Special Populations Office
NIDA
- 8:35 a.m. - 8:45 a.m. **Opening Day Ceremony**
Daniel Sarpong, Ph.D.
Jackson State University
NIDA's African American Researchers and Scholars Work Group
- 8:45 a.m. - 9:15 a.m. **The National Center on Minority Health and Health Disparities:
Plans and Opportunities**
Jean Flagg-Newton, Ph.D.
Deputy Director, National Center on Minority Health and Health Disparities
- 9:15 a.m. - 9:45 a.m. **Minority Drug Use: Challenges for Drug Policy**
Donald R. Vereen, Jr., M.D., M.P.H.
Deputy Director, Office of National Drug Control Policy
Executive Office of the President
- 9:45 a.m. - 12:00 noon **"Power Talks" Plenary**
Moderator: *Patricia E. Evans, M.D., M.P.H.*
San Francisco Department of Public Health
- ment**
- The Power of Gender in Drug Abuse Research, Prevention, and Treatment**
Hortensia Amaro, Ph.D.
Boston University
- The Power of Faith as a Protective Factor Against Drug Abuse**
John M. Wallace, Jr., Ph.D.
University of Michigan
- The Power of Collaboration in Research and Treatment**
James Cornish, M.D.
University of Pennsylvania
- Marilyn C. Stewart, M.S.W.*
Defender Association of Philadelphia
- The Power of the Community Voice: Research Concerns and Needs**
Michael Neely
Integrated Care System



abstracts



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科学と文化

cwaningo no amasiko

과학과 민족문화

wetenskap en kultuur

les sciences et la culture

science ke amane

maranyane le ngwao

mahlale le setso

ciencia y cultura

科學和文化

Abstracts

Race and Racism in Scientific Research

James M. Jones, Ph.D.

Although race is historically a biological idea, scientific evidence leads to a conclusion that it has little explanatory power in human behavior. However, race still matters in our society and in people's lives because of its socially constituted significance. Racism captures one of the enduring aspects of race for its targets. The presentation argues that race is an accessible psychological construct for targets of racism and thus influences their judgments and experiences on a daily basis. Research in social psychology will reveal some evidence for the reality of perceptions of racism and some of the behavioral and psychological responses its targets make. It is further argued that culture is confounded with race. Systematic variations in experience because of one's race lead to differences in culture, which in turn shape differences in behavior. Cultural psychology argues that culture and psyche are intertwined and thus "make each other up." Recent evidence suggests that drug use may follow from elevated levels of stress. Racism is a stressor. A psychological theory of African American culture called TRIOS is presented as an illustration of how culture can reveal within-race differences as well as identify some relevant aspects of adaptation and coping with racism.

The Power of Race/Ethnicity, Culture, and Science in Understanding Drug Abuse

Kathy Sanders-Phillips, Ph.D.

This presentation will focus on the biological, social, and cultural definitions of race with particular emphasis on relationships among race, health, and risk behaviors such as substance abuse in ethnic minority groups. Theoretical constructs of race will be reviewed, and the mechanisms by which race and culture may influence substance use in ethnic minority populations will be assessed. The relative contributions of SES, poverty, education, and experiences of oppression to relationships between race and substance abuse will also be examined. A conceptual framework for understanding and examining relationships between race and substance abuse will be presented.

An Overview of Drug Use and Associated Problems Experienced by Racial and Ethnic Minority Populations in the United States

James C. Anthony, Ph.D.

With respect to illegal drug use and other problems, epidemiology primarily seeks answers to five questions: (1) Within the population at large, how many are affected? (2) Where in the population are affected individuals most likely to be found, with focus on subgroups defined mainly by characteristics of person, place, and time? (3) What individual conditions, factors, or processes account for the observed variations? (4) What are the linkages of states and processes, or causal mechanisms, that account for the observed variations? (5) What can we do to prevent, delay, or reduce the impact of the associated problems? This presentation offers a selection of recent epidemiologic evidence on the first three of these questions, with a focus on variations observed in relation to self-identification with respect to racial and ethnic minority subgroups of the U.S. population.



Social Consequences and Criminalization of Drug Use in Minority Communities

Martin Y. Iguchi, Ph.D.

This presentation will argue that one manner in which drug use disproportionately affects the health of minority communities is through the devastating consequences of a felony conviction and subsequent entry into prison. The presentation will discuss the disproportionately large numbers of Black and Hispanic men and women entering prison for a drug offense and will explore the numerous related consequences of such an event. Specifically discussed will be how current drug policy may negatively impact and perpetuate patterns of health and well-being in minority communities. Multiple ways in which a felony drug conviction and subsequent entry into prison might interact with other Federal policies to impact the health and well-being of an individual and his or her community will be discussed. These areas of impact include, but are not limited to, children and families, access to health benefits, access to housing benefits, access to higher education assistance, immigration status, employment, eligibility to vote, and drug use.

The Medical Consequences of Drug Use in Minority Populations

Henry L. Francis, M.D.

The American population underestimates which drugs of abuse are most dangerous and does not know the characteristics of drug use in the United States. In general, the drug most associated with crime and property damage is alcohol. At least 11 million persons have five drinks per day at least five times each month. The number of addicted alcohol users is larger than the number of users of heroin, cocaine, methamphetamines, and hallucinogens combined. Different population groups use different drugs. White American populations tend to abuse alcohol and methamphetamines whereas African Americans and Hispanics prefer to use heroin and cocaine, respectively.

Numerous legal and illegal addictive drugs and behaviors are associated with crime, illness, and social disturbance. Illicit drugs most commonly used in the United States include, in descending order, marijuana, cocaine, heroin, methamphetamines, inhalants, hallucinogens, and anabolic steroids. Alcohol, cigarettes, food, sex, and gambling addictions, however, are responsible for more morbidity and mortality than are illicit drugs. Rates of illicit drug use vary by ethnicity, gender, age, education level, and geographic location. Although 74 percent of all current illicit drug users are White non-Hispanics, the rates of drug use are similar between ethnic groups—7.5 percent of the Black population, 6.4 percent of the White population, and 5.9 percent of the Hispanic population.

Although minority groups make up about 26 percent of the U.S. population, about 74 percent of drug-related AIDS cases occur in minority populations. Women are up to eight times more likely than men to contract HIV sexually and are the fastest growing group of AIDS cases. About 60 percent of the cases in women are drug-related. About one-half of drug-related, female AIDS cases are among Black women, for whom AIDS has been the leading cause of death since 1993.

Minority groups suffer significantly from drug use and HIV-related medical problems. Prevention and treatment of drug use, HIV infection, and comorbid conditions simultaneously will be critical for controlling and reducing these major problems.



Testing the Effectiveness of a Public Health Approach to Treating Substance-Abusing Women on Welfare

Jonathan Morgenstern, Ph.D.

Substance abuse (SA) among disadvantaged, parenting women has long been identified as a major public health problem. However, as States move to implement welfare reform, efforts to effectively address this problem take on greater urgency. This report describes preliminary findings from a study currently in progress to test the effectiveness of a public health approach to intervening with this population. The report will (1) describe the study rationale, design, and interventions, (2) compare baseline characteristics of substance-abusing women on welfare with a nonaffected comparison group, and (3) report on SA treatment entry and retention data for an initial cohort of participants. A standardized battery was administered to women (N=220) recruited in a welfare setting who either met current DSM-IV substance-dependence criteria or did not meet criteria for a substance use disorder in the prior 5 years. Substance-dependent women had significantly greater employment, mental health, family, medical, and housing problems, suggesting they would experience substantially greater barriers to employability. Substance-dependent women were then randomly assigned to receive a referral either to SA treatment or to an intensive case management intervention (ICM). Women assigned to ICM had significantly higher rates of SA treatment entry and attendance. Overall, women who received a referral only to SA treatment had low rates of treatment attendance. Findings are discussed in the context of the current interface between substance abuse and welfare-to-work services.

Behavioral Interventions With Minority Populations

Karen Y. Mechanic, M.D.

The objectives of this presentation are as follows:

1. To define Cognitive Behavioral Therapy
2. To compare and contrast Cognitive Behavioral Therapy with other behavioral treatments such as:
 - a. Cognitive Therapy
 - b. Community Reinforcement
 - c. Motivational Enhancement Therapy
 - d. The 12-Step Model
 - e. Interpersonal Therapy
3. To discuss the role of research in the development of behavioral treatments specifically with regard to:
 - a. Research methods
 - b. Research findings
 - c. Future research directions

Lowinson JH, Ruiz P, Millman RB, Langrod JG, eds. (1997) *Substance Abuse: A Comprehensive Textbook*. Third Edition. Philadelphia: Lippincott Williams & Wilkins.

National Institute on Drug Abuse Therapy Manuals for Drug Addiction.



Drug Abuse and Co-Occurring Conditions in Racial/Ethnic Populations

Linda B. Cottler, Ph.D.

Data on the comorbidity of drug abuse and addiction and psychiatric disorders in racial/ethnic minority communities are sparse. Often, the sample size is too small to make comparisons by race. In this presentation, research findings will be disseminated concerning this area of investigation. Relying on the findings from several NIDA-funded studies, specific issues such as the co-occurrence of alcohol abuse and dependence, nicotine dependence, and illicit drug abuse and dependence along with DSM-III-R or DSM-IV psychiatric illnesses will be covered. The effect of cultural bias attributed to assessments, sample selection, and even the diagnostic criteria themselves will be discussed for their impact on research findings. Literature will also be reviewed for studies that compare comorbidity rates by race and gender in order to expand the dialogue and increase and improve drug abuse research in minority communities.

Comorbidity of Addiction and Severe Mental Illness

E. Cabrina Campbell, M.D.

The purpose of this presentation is to discuss substance abuse in bipolar disorder and schizophrenia. The lifetime prevalence of substance abuse in both of these disorders exceeds 50 percent (Regier et al., 1990; Dixon et al., 1991).

We will explore the more commonly abused substances in bipolar disorder. We will reflect on the problems encountered in making an accurate diagnosis when substances are involved and elucidate how addiction affects the course of illness. Treatment options for dual diagnosed patients will be given as well.

In schizophrenia, we will concentrate on abuse of cocaine in particular. Cocaine addiction in schizophrenia is an intriguing area of study because of the proposed involvement of the neurotransmitter dopamine in both disorders. Schizophrenics who abuse substances are more likely to experience symptom exacerbation, rehospitalization, treatment noncompliance, and poor outcomes (Westermeyer, 1992; Siebyl et al., 1993). A framework for treatment with atypical versus typical antipsychotics will be presented.

Implementing HIV/AIDS Risk Reduction Interventions

Torrance Stephens, Ph.D.

A standard protocol for implementing HIV/AIDS, STD, and other infectious disease risk reduction interventions for soon-to-be-released adult male inmate populations will be presented. Specific focus will be placed in curriculum development, use of patient education, and self-help methodologies for reducing the occurrence of problem behaviors as well as recidivism. Moreover, a summary of the study in concert with a descriptive profile of study participants will be presented as well as qualitative observations regarding the significance of using peers (former inmates) to implement study activities (interviewing, curriculum, and community followup).



Drug Treatment and Minority Populations in Prison and Work Release

Steven S. Martin, M.A., Ronald A. Beard, M.H.S.

Given the disproportionate number of minorities in prison and work release, particularly African Americans, it is not surprising that minorities are often the majority in correctional treatment programs. In this presentation, we discuss some of the issues involving minority status and substance abuse treatment, particularly as they apply in therapeutic communities. Then we examine some data on short- and long-term outcomes of treatment by minority status. The data come from an ongoing investigation of the treatment effects of a therapeutic community continuum of treatment in the Delaware correctional system. Results suggest that effective treatment can reduce racial disparities in the likelihood of relapse to drug use and recidivism.

Preventing HIV/AIDS With Hispanic and Native American Women

Barbara Estrada, M.S., Sally Stevens, Ph.D., A. Estrada

AIDS surveillance data by race/ethnicity indicate a disproportionately high percentage of people from minority groups who have AIDS (Centers for Disease Control and Prevention, 1999). Nearly equal numbers of AIDS cases were reported among Hispanic and White women in 1999, although the percentage of AIDS cases was over seven times higher among Hispanic women. In addition, recent data indicate an increase in the number of new cases of HIV infection among American Indians and Alaska Natives (Stevens and Estrada, 2000). Women in the United States are being diagnosed with AIDS at a rate four times higher than that for men. Given these trends, gender and culturally competent prevention strategies are urgently needed.

This presentation focuses on the development, implementation, and success of two HIV prevention interventions for minority women in southern Arizona. The first intervention was developed from feminist theory and utilized feminist methodology for an ethnically diverse group of drug-involved women. The second intervention incorporated a culturally innovative intervention for injection drug-using Hispanic women. These interventions resulted in statistically significant reductions in both drug- and sex-related risk behaviors in the populations served.



HIV Risk Reduction Targeting African American Female Crack Users

Claire E. Sterk, Ph.D.

HIV risk reduction interventions have shown the need for gender- as well as race-specific programs that take the daily lives of members of the target population into consideration. Available research also has shown HIV risk reduction interventions among drug users to have a larger effect in sexual than in drug use-related behavioral change. When studying female crack users, it is important to focus not only on individual but also on household and community risk and protective factors. Prevalence and incidence data show crack use among women to be highest among African American women, and research also shows crack use specifically has been marketed in inner-city neighborhoods. Challenges emerge in identifying risk and protective factors at all levels, designing interventions that are appropriate, linking research and individual/community needs, and developing programs that give ownership to members of the target population. Future research challenges include, but are not limited to, the need to provide comprehensive interventions, to acknowledge the multiple social roles occupied by the women and their relationships with others, and to connect micro-level conditions with macro-level forces such as racism, sexism, and classism.

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From Research to Practice: The Case of Project ALERT

Phyllis L. Ellickson, Ph.D.

Using Project ALERT as an example, this presentation discusses the process of taking an exemplary drug prevention program from research trial to national dissemination. The curriculum, which was developed and tested in the late 1980s, is now one of the most widely disseminated among the evidence-based drug prevention programs for middle school students. The presentation discusses the challenges facing programs when they scale up to a national level, how Project ALERT has met those challenges, ongoing issues related to program fidelity and institutionalization, and the Federal role in disseminating research-based prevention programs.

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Preventing Drug Abuse With Life Skills Training

Kenneth W. Griffin, Ph.D., M.P.H., Gilbert J. Botvin, Ph.D.

National survey data indicate that drug abuse among American youth increased consistently during the 1990s. Fortunately, over the past few decades, our understanding of the etiology and prevention of drug abuse among youth has increased as well. Prevention programs have evolved from traditional information-dissemination approaches to more comprehensive contemporary programs that focus on drug-related expectancies (attitudes, norms) and social resistance skills. The Life Skills Training (LST) program, one of the most thoroughly evaluated school-based programs, is an effective competence enhancement program that teaches important personal self-management skills and social skills, in addition to drug-specific content. The LST program has been shown to be highly effective in short- and long-term evaluation studies in terms of preventing tobacco, alcohol, marijuana use, gateway polydrug use, and illicit drug use. The LST program has also been shown to be effective for a variety of populations, including both suburban White youth and inner-city minority youth. The primary aim of this presentation will be to describe the LST program and its theoretical basis and review the scientific evidence on its effectiveness with different target populations. Findings from a recent large-scale randomized controlled trial of the LST program among inner-city minority youth in New York City will be reviewed. In addition, some future directions for prevention intervention research for minority youth will be discussed, including issues in disseminating programs that have been proven to be effective.

Career-Oriented Prevention for African American Middle School Students

James P. Griffin, Jr., Ph.D.

The BRAVE (Building Resiliency and Vocational Excellence) Program's overarching goal is to facilitate young people's successful compliance with ATOD- and violence-free lifestyles. This vocationally oriented prevention research initiative serves eighth grade African American (AA) adolescent males and females, ages 12-15, who attend a regular, public middle school. It uses a resiliency-grounded, vocational context along with mentoring, peer support, and goal-setting.

Participants include, but are not limited to, the following AA male and female adolescents: youths who have current, historical, or pending rule violations (e.g., school infractions or legal charges), youths originating from economically disadvantaged or female-headed households, and youths in danger of facing academic probation or becoming dropouts. Other participants could be considered model students whose appropriate adaptive skills for navigating their community in accord with the aims of the initiative the program organizer seeks to reinforce and augment.

Consequently, the BRAVE Program operates on the following premise. Youths who cultivate appropriate adaptive skills through prosocial skill-training for community settings, internalize social norms that equate manhood and womanhood with personal responsibility, develop potentially rewarding vocational careers, and attach themselves to positive, successful community role models will be less likely to become involved with alcohol, tobacco, and other drugs and to engage in violence.

The presentation examines lessons learned from implementation of the program to date and presents preliminary findings regarding the operation of the program.

Research was funded by the National Institute on Drug Abuse.



Hooked on Tobacco: Issues in African American Teen Smokers

Eric T. Moolchan, M.D., Miqun L. Robinson, M.D., Ph.D., Ivan Berlin, M.D., Jean Lud Cadet, M.D.

Previous reports have indicated ethnic differences in both tobacco-related morbidity and treatment outcome for smoking cessation among adults. We assessed smoking-related characteristics in African American (AA) and non-African American (non-AA) teenagers applying to a cessation trial. A total of 399 teens (15.6±1.5 years, 62 percent females, 33 percent AA) responded via telephone to media ads. Self-reported sociodemographic, medical, and smoking-related data were obtained to determine preeligibility for trial participation. Compared with non-AA, AA had lower FTND scores (5.37±2.18 versus 6.16±2.10; $p<.01$) and smoked fewer cigarettes per day (12.1±8.47 versus 15.7±7.3; $p<.04$). AA teens reported shorter duration of smoking (3.16±1.93 versus 4.0±2.05 years; $p<.001$) and time elapsed between first cigarette ever smoked and daily smoking (0.88±1.05 versus 1.31±1.33 years; $p<.002$). AA and non-AA teens had similar frequency of reported health problems (e.g., asthma, psychiatric conditions). These data suggest that cessation treatment programs designed for African American youth should include lower Fagerström-defined levels and possibly other criteria for tobacco dependence. Our findings also highlight the importance of ethnocultural issues in treatment research programs.

Culturally Sensitive Family-Based Treatment for Adolescent Substance Abuse

Tanya Quille, Ph.D., Howard A. Liddle, Ed.D.

This presentation focuses on the research processes and products of studying culturally sensitive treatments for adolescent substance abusers. It details the treatment development framework that guides our clinical research. This framework includes significant attention to the rationale and methods for developing culturally specific interventions as well as the execution of diverse research strategies to facilitate this process. Specific examples from our therapy development of culturally specific, multiple systems-oriented, community-based interventions with African American and Hispanic teenagers and families will be presented, and therapy videotapes will be used to illustrate the steps and nuances of the culturally rooted interventions.

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Elimination of Barriers to Treatment for Women at Risk for HIV

Wendee M. Wechsberg, Ph.D.

Reaching and treating women with substance abuse disorders has been a topic for more than 20 years, yet has the field been successful? Many barriers prevent women from entering treatment, particularly minority women who appear to be at greater risk for HIV. These barriers are either structural (e.g., cost, transportation, day care, gender bias treatment), psychological (e.g., guilt, self-blame, PTSD, depression), or contextual (e.g., homelessness, joblessness, relationship demands) and may prevent treatment programs from both reaching and retaining women. Studies have shown that in addition to many of these barriers, women face such obstacles as fear of losing their children, fear of punishment if they admit their drug problem, and fear of violence from their husbands, boyfriends, or partners. Cultural barriers and expectations that keep women from seeking help are also in play. Although programs discuss strategies for reaching and engaging women into the treatment process, not all women are alike. Therefore, individualized assessments and treatment plans need to be sensitive to a woman's history, living conditions, and her own intrinsic barriers for recovery. Moreover, because treatment programs alone cannot address the scope of women's issues, establishing linkages to other resources and community services will ensure greater opportunity for programs to respond successfully to identified needs.

Issues Affecting the Prevention and Treatment of Substance Abuse in Asian American/Pacific Islander Populations

Ford H. Kuramoto, M.S.W., D.S.W.

The presentation will address the need for substance abuse prevention and treatment research regarding Asian American and Pacific Islander (AAPI) populations in the continental United States, Hawaii, and the Pacific Islands. AAPIs represent many diverse cultures for which specialized research is needed to improve drug abuse prevention, intervention, treatment, and recovery. The existing data sets are inadequate to develop large, detailed studies regarding AAPI populations. A range of research strategies are needed to properly address the individual AAPI populations in an effective manner.

Furthermore, drug abuse research among AAPI populations must consider barriers such as stigma and shame, language and culturally specific belief systems, and the lack of understanding of Western research methods. In many instances, for example, qualitative and formative research is needed to frame relevant research questions. Incidence and prevalence data are needed for epidemiologic data. However, much work is also needed through qualitative methods to identify the patterns of drug use, drugs of choice among specific AAPI populations, and individual drug-abuse histories over time. AAPI prevention and treatment service program strategies should also be identified and disseminated in order to understand the most effective approaches.



Prenatal Exposure to Cocaine: The Collision of Science and Culture

Deborah A. Frank, M.D.

The study of children prenatally exposed to cocaine provides an instructive example of how cultural expectations about race/ethnicity and women's roles can distort the interpretation of scientific data. These distortions have stigmatized children and given rise to public policies toward cocaine-using women (particularly women of color) that violate established canons of medical ethics and civil liberties. Usual standards of methodological rigor have often been ignored in the study of prenatal cocaine exposure. Less than one-half of studies in peer-reviewed journals of post-neonatal outcomes up to age 6 of children with prenatal cocaine exposure meet essential methodological criteria (prospective recruitment, masked assessment, appropriate comparison subjects, and exclusion of subjects exposed in utero to opiates, amphetamines, phencyclidine, or maternal HIV infection). In the studies that do meet these criteria, after controlling for confounders, there is no consistent negative association between prenatal cocaine exposure and physical growth or developmental test scores. Data regarding receptive or expressive language skills are inconsistent, with three studies finding no effect to 36 months, one finding decreased auditory comprehension at 1 year, and one finding no mean differences, but increased "low language scores" on a language sample at 6 years. Less optimal motor scores have been found up to 7 months of age, but not thereafter, and may reflect heavy tobacco exposure. No independent cocaine effects have been shown on standardized parent and teacher reports of child behavior scored by accepted criteria.

Further replication is required of experimental paradigms and novel statistical manipulations of standard instruments that suggest an association between prenatal cocaine exposure and decreased attentiveness and emotional expressivity as well as differences on neurophysiologic measures such as electroencephalogram, heart rate, and baseline cortisol measures, each of which has been found in only one sample. Among children up to 6 years of age, there is no convincing evidence that prenatal cocaine exposure is associated with developmental toxicity different in severity, scope, or kind from the sequelae of multiple other risk factors. Many findings once thought to be specific effects of in utero cocaine exposure are more strongly correlated with other factors, including prenatal exposure to tobacco, marijuana, or alcohol and the quality of the child's environment. However, health providers should not ignore the fact that cocaine use in pregnancy, like other addictions, is often a marker for parents and children at risk for poor health and impaired caregiving due to factors ranging from infectious diseases to domestic violence. From a scientific perspective, much is still unknown, and ongoing followup of exposed children and comparison samples into adulthood is needed. Increasing cognitive demands and social expectations as children mature may unmask sequelae of exposure not previously identified. Cumulative environmental risk and protective variables should also be studied to identify factors that may exacerbate or moderate negative outcomes. Care and study of families affected by substance abuse should be comprehensive and not irrationally shaped by social prejudices that demonize some drugs and drug users, but not others.

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Frank DA, Augustyn M, Grant Knight W, Pell T, Zuckerman B. (2001) Growth, development, and behavior in early childhood following prenatal cocaine exposure: A systematic review. *Journal of the American Medical Association* 285:1613-1625.

Singer LT et al. (2001) Developing language skills of cocaine exposed infants. *Pediatrics* 107:1057-1064.

Effects of Acute Smoked Marijuana on Complex Cognitive Performance

Carl L. Hart, Ph.D.



Although the ability to perform complex cognitive operations is assumed to be impaired following acute marijuana smoking, complex cognitive performance after acute marijuana use has not been adequately assessed under experimental conditions. In the present study, we used a within-participant double-blind design to evaluate the effects of acute marijuana smoking on complex cognitive performance in experienced marijuana smokers. Eighteen healthy research volunteers (8 females, 10 males), averaging 24 marijuana cigarettes per week, completed this three-session outpatient study; sessions were separated by at least 72 hours. During sessions, participants completed baseline computerized cognitive tasks, smoked a single marijuana cigarette (0, 1.8, or 3.9 percent delta-9 THC w/w), and completed additional cognitive tasks. Blood pressure, heart rate, and subjective effects were also assessed throughout sessions. Marijuana cigarettes were administered in a double-blind fashion and the sequence of delta-9 THC concentration order was balanced across participants. Although marijuana significantly increased the number of premature responses and the time participants required to complete several tasks, it had no effect on accuracy on measures of cognitive flexibility, mental calculation, and reasoning. Additionally, heart rate and several subjective-effect ratings (e.g., “Good Drug Effect,” “High,” “Mellow”) were significantly increased in a delta-9 THC concentration-dependent manner. These data demonstrate that acute marijuana smoking produced minimal effects on complex cognitive task performance in experienced marijuana users.

Effective Prevention Strategies and Programs With Minority Communities

Pamela Jumper-Thurman, Ph.D.

This presentation will be a very brief overview of the challenges faced in developing effective prevention and intervention strategies in minority communities. Further, it is necessary to acknowledge that there are differences within each ethnic group that are as great or greater than differences between ethnic and majority groups, and consideration of these differences is critically important in developing successful intervention strategies. Finally, information will be given about current models and programs that have been found to be effective with specific ethnic groups.

Making Prevention Programs Culturally Appropriate: Examples, Challenges, and Needs

Rose Alvarado, Ph.D.



Parenting and other family-based approaches to prevention are critical ingredients in effective approaches to substance abuse prevention. Questions have been raised, however, about the usefulness of universal family-based prevention with culturally diverse families. Little research has been published on how successful universal prevention programs are in attracting, retaining, and impacting families from diverse cultures (Turner, 2000), and there are a limited number of research-based programs developed specifically for ethnic populations (Szapocznik, Kurtines, Santisteban, and Rio, 1990). Although there is substantial overlap in the factors promoting drug use/abuse among different racial or ethnic groups (Epstein, Botvin, Diaz, and Schinke, 1995; Newcomb, 1992), the strength of the influence of etiological factors varies. This suggests more emphasis is needed in other domains (i.e., family) for different ethnic groups.

Because of the dearth of research on culturally adapted or even culturally specific universal family programs, randomized control trials are needed to develop and test culturally appropriate versions of the major evidence-based, universal family programs. Applied research is also required to determine whether these new culturally adapted versions will work with other ethnic subgroups. Once questions of how to best strengthen multiethnic families are answered, we will be well equipped to reduce substance abuse.

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Free to Grow: Translating Substance Abuse Research Into Preventive Practice in a National Head Start Initiative



Judith E. Jones, M.Sc.

This presentation will describe the application of research on risk and protective factors as employed in the design and strategies of a substance abuse prevention initiative in partnership with the national Head Start program, the Nation's largest early childhood program serving low-income and minority children. In the absence of a large body of research-based model programs aimed at decreasing children's vulnerability to substance abuse and other high-risk behaviors as they grow older, the goal of the initiative, which is supported by The Robert Wood Johnson Foundation, is to demonstrate how preventive research can be applied in the early childhood period by strengthening the immediate environment of the young child. While the findings from phase I of the initiative demonstrate the applicability of theory and research to practice, they do not provide sufficient evidence to determine whether these inputs will result in intermediate and long-term outcomes that prove whether early intervention is the answer to ATOD use and abuse as children age into adolescence. Moreover, the challenges of using the risk and protective factors framework to guide model development and adaptation should not be underestimated, because the interrelationships are not yet well established. However, lessons learned in the pilot phase are sufficiently promising that a research and program demonstration has just been launched in 18 diverse Head Start sites across the Nation. This phase of the initiative will undergo a rigorous process and outcome evaluation that will examine the impact of Free to Grow on the families and neighborhoods targeted by the program in order to provide a better understanding of "what works under what circumstances" to ensure the healthy development of the young child.

Key questions that require further research include the following: Do Free to Grow programs reduce known risk factors and increase protective factors among participating families? Are participating families more likely to resist abusing alcohol and other drugs? Do the Free to Grow interventions produce more stable and productive living environments? Is the Head Start program a viable vehicle for addressing substance abuse prevention?

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Yoshikawa H. (1994) Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin* 115(1):28-54.

Effective Treatment With Minority Communities

José Szapocznik, Ph.D.



Adolescent drug abuse is often part of a larger syndrome of problem behaviors that reflect an antisocial developmental trajectory for the youth. Research shows that there are a number of important ecological influences on the adolescent, the most significant and proximal of which is the family. Research on family intervention has demonstrated the efficacy of family-based interventions in bringing about reductions in risk and promotion of protection in the minority adolescent and her/his ecology.

Drug Treatment Services for Minority Populations

Andrea G. Barthwell, M.D., FASAM

This presentation provides descriptions of cultural interactions between and among individuals and the basis for the cultural bias. Using her experiences as a treatment provider who strives to apply evidence-based principles in a variety of treatment settings, Dr. Barthwell will outline cultural interactions that operate in the treatment setting and introduce barriers to participation, motivation, and performance. Finally, research implications and gaps in the literature will be discussed.

Working With Rural African American Youth

Murelle G. Harrison, Ph.D.

The proposed prevention program is based on a heuristic model of family processes through which rural African American youths are hypothesized to develop self-regulation and emotional regulation, increasing the likelihood that they will achieve academically, exhibit few conduct problems, and be accepted by non-deviant peers. Such academic and psychosocial competence is hypothesized to be linked with lower levels of substance use. The model is based on Bandura's (1989) theories on the development of self-efficacy and self-regulatory processes as well as other theories concerning the linkages between self-regulation and substance misuse (Miller and Brown, 1991; Sher and Tull, 1994). The selection of specific family processes for inclusion as prevention targets was based on Brody's research (Brody et al., 1999; Brody et al., 1998), in which a similar model was tested with two-parent and single-parent African American families in rural Georgia. Predictable and routinized home environments have been found to promote youth's internalization of goal-setting, planning, and general self-organization, which in turn promote academic and psychosocial adjustment and deter substance use.

Barriers that must be overcome in working with rural African American families include distance from the university, low density of population, and suspiciousness of families concerning participation. Identifying representative rural populations often requires traveling long distances from the university, resulting in higher cost and expenditure of time. Low population density of rural areas requires larger areas to secure adequate sample size. Finally, rural African American families are not likely to have been previously approached to participate in a research project or to be knowledgeable about research in general, subsequently arousing suspiciousness, directed especially toward a socially stigmatized content area such as substance abuse.

Further research is needed to determine the influence of siblings on the development of psychosocial and academic competencies and subsequent lower substance use.



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Working and Conducting Research Among American Indian Families

Jerry Stubben, Ph.D.

This session will focus on the political, social, economic, psychological, and spiritual issues that one may face, whether Native American or non-Native, in a tribal or urban Indian community.

Prevention of HIV Among Adolescents

Mary Jane Rotheram-Borus, Ph.D.

Adolescents are at risk for HIV primarily through their sexual behavior. A comprehensive prevention strategy includes a national HIV campaign based on social-marketing principles; targeted social-marketing, intensive skill-building, and sexually transmitted disease control programs for youth at high risk; programs targeting institutions (e.g., school health clinics), providers, and parents; and interventions to identify and reduce risk acts among seropositive youth. The U.S. focus for HIV prevention has been single-session educational classes (an ineffective strategy) or intensive multisession, small-group interventions for youth at high risk (demonstrated to increase condom use by about 30 percent). There is a need to expand the range, modalities, and dissemination of HIV prevention programs nationally; to recognize (especially by policymakers) limitations of abstinence programs; and to increase early detection of HIV among youth.

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The Prime Time Project

Eric W. Trupin, Ph.D.



In Washington State, the number of violent crimes committed by adolescents ages 10-17 years has doubled since 1981. Adolescents now commit almost one-half of all violent crimes statewide. Because juveniles who commit repeat or violent crimes are the most likely to continue their criminal behavior into adulthood, targeting interventions at juvenile offenders is crucial to the reduction of community violence.

Young offenders are challenging to treat because they often have, in addition to their criminal histories, high rates of mental disorder and substance abuse. In fact, as many as 70 percent of incarcerated youth abuse substances or are dependent on them. The number of African American youth within the juvenile justice system has increased markedly—nearly one-half of juveniles in custody in public facilities in 1990 were African American compared with one-third in 1977. Many adolescents who fit this profile are seen repeatedly at the county's Juvenile Detention Center, a secure facility that houses youth prior to adjudication and/or sentencing, youth who have been adjudicated and are returning for court appearances, and youth with less than 30-day sentences. In 1994, 11,000 youth were referred to the juvenile court and there were 5,561 admissions to the Detention Center. Given current staffing and the large population, the focus is on assessment and adaptation to the facility rather than treatment.

In 1995, the King County Council funded the Prime Time Project to treat juvenile offenders (12-17 years old) with mental illness and problems with drug/alcohol abuse. The Prime Time Program employs a thorough initial evaluation to identify strengths and problem areas and intensive counseling and case management aimed at building skills, strengthening support, and coordinating all services to the youth and their families. Multisystemic Therapy, which usually takes place in the home, focuses on reducing conflict, supporting the role of parents and caretakers, and increasing the social supports provided by neighbors, churches, and other community resources. Individual counseling employing the techniques developed in Dialectic Behavior Therapy and Motivational Enhancement Therapy are utilized to address the co-occurring disorders of mental illness (e.g., anger management, communication, and impulse control) and substance-abusing behaviors. The counselor also works closely with schools, probation and police officers, and substance abuse treatment programs and helps the youth and their families develop positive, satisfying community activities (jobs, recreation, community service). This program is unique in its intensive involvement at the community level with offenders and every aspect of their lives.

The goals are to keep youth out of detention, reduce antisocial behavior, and increase school attendance and performance. Preliminary results are encouraging, and further research is being conducted to assess outcomes of this innovative intervention.

The Importance of Using Ethnically and Regionally Specific Language in Surveys *Andrew Morral, Ph.D.*



Adolescents' drug use reports are among the most closely observed indicators of the Nation's drug-use problems. There is evidence, however, that these self-reports suffer from considerable underreporting. A portion of this underreporting could result from the use in surveys of drug terms and classifications (e.g., psilocybin, hallucinogens, or psychedelics) that are unfamiliar to youths who refer to drugs using street terms (e.g., Shrooms). This evidence will be presented along with strategies for improving the measurement of adolescent drug use by using ethnically and regionally specific drug terms. New results will be presented from an ongoing study of adolescents that contrasts the use of standard drug terminology with ethnically specific drug terms. These results suggest that a portion of adolescents' drug-use underreporting may result from unfamiliar, abstract, or confusing drug terminology on surveys rather than from adolescents' intentions to conceal their drug use.

This research is supported by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, through the Persistent Effects of Treatment Study (PETS, Contract No. 270-97-7011).

Drug Use in Asian American/Pacific Islander Populations: Incidence, Prevalence, and Data Needs

Rumi Kato Price, Ph.D., M.P.E., Nathan K. Risk, M.A., Mamie Mee Wong, Ph.D., Renee Storm Klingle, Ph.D.

Drug abuse research on Asian Americans and Pacific Islanders (AAPIs) lacks systematic information on prevalence and incidence and knowledge about their predictors. Nonetheless, fragmented evidence points to increasing substance abuse among some AAPI subgroups, contrary to the image of Asians as a model minority. We analyzed seven large national and State groups of survey data with sample sizes ranging from 13,000 to 390,000 to better understand the nature and source of differential rates of substance use and abuse within AAPIs and across major ethnic/racial minorities. Across major substances, results show that (1) prevalence and incidence rates are the lowest in the aggregated Asians among major racial groups, (2) using disaggregated Asian subgroups, Japanese rates are highest within Asians (very close to those for Whites) corresponding to the rankings of several acculturation indices, (3) the differential rates are due in a large part to the size of mixed-race subgroups, among whom up to a fourfold increase is observed, and (4) mixed-heritage AAPIs are at increased risk for substance use, even after controlling for cultural protective factors and socioeconomic measures. The results point to the importance of (1) rethinking ethnic/racial classifications in assessing differential substance use and abuse, (2) studying substance abuse in mixed-heritage adolescents, and (3) studying detailed processes of decays in social-environmental and potentially genetic protective factors.

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Violence and Drug Use: A Tangled Web

Merrill C. Singer, Ph.D.

In popular and media conception, violence and drug use are intimately related and have been depicted as such since early in the 20th century. Broad acceptance of this allegedly inherent entwinement has been used often to launch panicked warnings about the potential consequences of drug use in minority communities. While this social practice dates at least to the early 20th century and social concern about cocaine use among southern African Americans and marijuana use among southwestern Latinos, it remains today as part of the underlying rationale for the intensive policing of minority neighborhoods and the associated high arrest and incarceration rates among inner-city African American and Latino males. Research findings, however, are more complicated and suggest that the relationship between violence and drug use is complex, multifaceted, and mediated by a variety of structural factors. Notably, the relationship is not unidirectional: Violence can lead to individual changes in drug use patterns, including both heightened and lowered levels of use; conversely, drug use can contribute to various kinds of violence. At the same time, research affirms that most drug use does not notably enhance levels of violence, the relationship between particular drugs and violence changes over time, and alcohol is far more likely than illicit drugs to be associated with violence. In light of the misuses to which dead-certain assertions concerning the association between drug use and violence have been put, a more cautious, research- and reality-based approach is urged.

Establishing Research Partnerships Between Minority and Majority Universities

Ken Harewood, Ph.D., Allyn Howlett, Ph.D.

Academic partnerships thrive on the participation of students serving as liaisons in research collaborations between institutions. We have identified challenges to establishing research partnerships between minority and majority universities and are developing strategies to overcome these impediments: (1) Students at the minority institution have limited observations of ongoing research activities on campus, and this has led to confusion over their role in the laboratory. We are overcoming this by creating a “research environment” with expectations comparable to those of a majority graduate program. (2) Typical M.S. level coursework at the minority institution emphasizes level I or II cognitive skills (identify, recognize, describe, and summarize). Students must be challenged to move beyond this to level III cognitive skills (evaluate, synthesize, apply, analyze, and predict) in order to foster the “research thinking process.” (3) Minority institution students who enter Ph.D. programs at majority institutions begin the program with no “head start” from their B.S. or M.S. work. Coursework articulation and integration of research projects would move the student into an advanced position when entering the Ph.D. phase of their training. We are striving to develop faculty research collaborations between institutions so that students can work on aspects of the project at both institutions.

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Drug Use and Dependence in a Population of Urban, African American Young Adults: Prevalence, Correlates, Comorbidity, and Unmet Drug Treatment Service Needs

Nicholas S. Ialongo, Ph.D., Carolyn Furr-Holden, Ph.D., Beth McCreary, Ph.D., Sharon Lambert, Ph.D.

The National Household Survey on Drug Abuse (NHSDA) and the National Comorbidity Study (NCS) (Kessler et al., 1994) represent the most recent and comprehensive efforts to ascertain the prevalence of drug use and dependence, respectively, in the United States. However, the sampling strategies employed in the NHSDA and the NCS have proven less informative regarding the prevalence of drug use and dependence among economically disadvantaged, minority populations because relatively few were assessed. In this presentation, we will describe the prevalence of drug use and dependence in an epidemiologically defined population of 1,181 predominantly poor African Americans ages 19 to 22 years living in the greater Baltimore, Maryland, metropolitan area between 1999 and 2000. The correlates of drug use and dependence, their comorbidity with mental disorders, and unmet drug treatment need will also be presented.

The Effect of Race, Neighborhood, and Social Networks on Initiation of Injection Drug Use

Crystal M. Fuller, Ph.D., Luisa Borrell, D.D.S., Ph.D., Sandro Galea, M.D., David Vlahov, Ph.D.

Injection drug users (IDUs) are at high risk of adverse health consequences, namely, transmission of blood-borne pathogens (such as human immunodeficiency virus [HIV] and hepatitis C virus [HCV]) as well as fatal drug overdose. HIV and HCV transmission typically occurs within the first 2 years of initiating injection drug use (Nicolosi et al., 1992; Nelson et al., 1995; Garfein et al., 1996). Thus, identifying high-risk practices and other social characteristics contributing to age of initiation of injection and HIV infection could provide an opportunity for early interventions. Our research, consistent with other studies, has shown race effects with respect to age at initiation of injection, and HIV seroprevalence (Fuller et al., 2001; Kral et al., 2000; Des Jarlais et al., 1999). Although White drug users tend to progress into illicit drug use at an earlier age, HIV seroprevalence remains highest among Black drug users (Fuller et al., 2001). Our analysis involved the effect of individual and contextual characteristics on age of initiation of injection drug use and subsequent HIV infection among young, recently initiated IDUs. Specifically, we investigated (1) the extent to which age of initiation of injection was associated with individual-level characteristics (e.g., race, social networks, high-risk injection, and sexual practices) and contextual-level characteristics (e.g., neighborhood racial composition and concentration of poverty) and (2) the extent to which HIV seroprevalence was associated with these individual and contextual effects among young IDUs.

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Being the "Other": Majority Researcher Issues

Philip A. Fisher, Ph.D.

In this presentation, a model for majority (Caucasian) researchers conducting prevention research in minority communities will be offered. The model represents the confluence of two theoretical perspectives—participatory action research and post-colonial theory. The presentation will describe the challenges inherent in moving away from investigator-driven models, within which the values of the investigator may exert an undermining influence on the process in spite of the sensitivity of the investigator. Descriptions will be provided of specific mechanisms that can be employed to facilitate community-based research that is truly inclusive and that avoids the cultural hegemony that has been present in prior research. Examples will be given from an ongoing collaboration with a Native American community of the manner in which these mechanisms can be implemented in ways that facilitate high-quality science, community control over the research process, and positive social change. Consideration will be given to the implications of employing this approach for both majority researchers and communities.

Community-Based Research: A Minority Researcher's Personal Observations

Frank Yuan Wong, Ph.D.

Based on his professional as well as personal experience, the speaker will address career development (e.g., academic vs. applied research, what to study, whom to study, etc.) within the contexts of intra- and inter-group psychology. Other issues discussed will include community welfare vis-à-vis professional practices and scientific standards. Recommendations will be targeted to aspiring minority researchers.



Social and Racial Disparities in HIV Infections Among Injection Drug Users

Ricky N. Bluthenthal, Ph.D.

In the United States, African Americans and Hispanics are 6 to 16 times more likely to contract AIDS through injection drug use than Whites. Further, injection drug use has accounted for at least 36 percent and perhaps as much as 47 percent of adult AIDS cases among African Americans and Hispanics. Epidemiologic studies have also consistently found HIV infection associated with poverty and homelessness among drug injectors. Despite these data, studies of HIV risk, prevalence, and incidence have focused almost exclusively on individual-level characteristics and behaviors as predictors of HIV infection. An increasing number of studies have found HIV risk and infection among drug injectors to be associated with issues such as racial segregation, urban unemployment, law enforcement practices, welfare reform, and restrictions on promising HIV prevention strategies (such as syringe-exchange programs). This presentation will provide a framework for understanding how larger social, political, and economic forces have contributed to the disproportionate impact of HIV/AIDS on African American and Hispanic injection drug users. Research challenges to be addressed include methods for collecting and considering data from institutional and secondary sources (e.g., police, U.S. census) and consideration of the limits of individual-focused HIV prevention strategies for impoverished populations.

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HIV and Drugs in Special Populations

Clyde B. McCoy, Ph.D.

Background. Although recent data indicate that AIDS cases are decreasing in general in the United States, HIV rates continue to increase among specific subpopulations including women, minorities, and drug users. South Florida provides a unique snapshot of the HIV/AIDS epidemic because of its diverse urban and rural populations.

Methods. Data from the Miami CARES cohort collected on 3,555 out-of-treatment chronic drug users assessed sociodemographic variables and HIV and drug use behaviors in three south Florida urban and rural communities (Miami, Belle Glade, and Immokalee).

Findings. The spread of HIV between and within these three areas was correlated with injection drug use, crack-cocaine use, and exchange of sex for money. Rural drug-using minority women in particular continue to practice HIV risk behaviors and are at extremely high risk for HIV transmission. A number of social, cultural, and psychological characteristics may predispose rural migrants to engaging in HIV risk behaviors.

Conclusions. The recent downturn in AIDS deaths is hopeful, yet the increasing incidence of HIV among certain subpopulations remains troubling and should force policymakers to be more diligent in advancing public health policies and strategies available for the effective reduction of HIV transmission, especially recognizing the large diversity of the affected groups.

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Partner Abuse and Sexual Risk Behavior Among Women on Methadone

Nabila El-Bassel, D.S.W.

Partner abuse and HIV risks have emerged as intersecting epidemics that threaten the welfare of inner-city African American and Latino communities. Among the groups disproportionately affected by these trends are minority women in methadone maintenance treatment programs (MMTPs) (El-Bassel et al., 2000a; El-Bassel et al., 2000b; Gilbert et al., 2000). The purpose of this paper is to examine the relationship between sexual HIV risk behavior and partner violence in a random sample of 417 women recruited from MMTPs. Eighty-seven percent of the women in the study reported ever being physically abused, 42 percent reported ever being injured by their intimate partners, and 69 percent of the women reported ever being sexually abused. Although a large number of these women (60 percent) reported that their intimate partners engaged in HIV risk behaviors, only 18 percent always used condoms with them. The findings showed that women who reported history of STDs, had multiple sexual partners and were HIV-positive, or exchanged sex for money or drugs were more likely to be physically abused by an intimate partner than by their counterparts. HIV prevention for women must address the issue of physical and sexual abuse by an intimate partner, particularly when intervention strategies are being developed for drug-involved women who are at a high level of risk for partner violence.

El-Bassel N, Gilbert L, Rajah V, Foleno A, Frye V. (2000a) Fear and violence: Raising the HIV stakes. *AIDS Education and Prevention* 12(2):154-170.

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Gilbert L, El-Bassel N, Rajah V, Fontdevila J, Foleno A, Frye V. (2000) The converging epidemics of drug use, HIV and partner violence: A conundrum for methadone maintenance treatment. *Mount Sinai Journal of Medicine* 67(5-6):452-464.

Lifetime Cumulative Adversity and Drug Dependence: Racial/Ethnic Contrasts

R. Jay Turner, Ph.D.

A number of studies have reported a linkage between stress, measured in terms of recent life events, and drug use and abuse. However, on the face of it, the expectation that variations in exposure to social stress, either within or across such statuses as race and ethnicity, can be meaningfully captured by a simple count of recent life events seems hard to justify. Indeed, our own prior research has demonstrated two important points: (1) When measured more comprehensively, social stress accounts for dramatically more variation in mental health and substance use outcomes than has typically been reported and assumed to obtain. (2) Reliance on checklists of recent life events systematically underestimates stress exposure among African Americans and persons of lower socioeconomic status. The present paper considers the significance for drug dependence disorder of exposure to major and potentially traumatic events over childhood and adolescence based on a large, ethnically diverse sample of individuals in the transition to adulthood. A large array of differing major events was found to be associated with increased risk for the subsequent onset of drug dependence, and the accumulation of such adversities significantly increases such risk. Racial/ethnic variations in lifetime exposure to such events are reported, along with racial/ethnic variations in their risk significance.



The Power of Gender in Drug Abuse Research, Prevention, and Treatment

Hortensia Amaro, Ph.D.

Increasingly, investigators are addressing research questions regarding possible sex and gender differences that may be important to understanding risk factors for substance use and prevention strategies as well as the process of addiction and its treatment. This presentation will review recent research on gender differences in substance use and abuse and discuss the limitations of existing research and knowledge gaps.

The Power of Faith as a Protective Factor Against Drug Abuse

John M. Wallace, Jr., Ph.D.

This presentation uses data from nationally representative samples of American young people to explore the relationship between religion and adolescent substance use. More specifically, the presentation examines the epidemiology of religion among American youth and then describes the conceptual framework that guides the investigation and examines empirically the relationship between adolescent drug use and organizational, behavioral, and attitudinal measures of religiosity.



biographies

nzululwazi ne amasiko nezithete

科学と文化

cwaningo no amasiko

과학과 민족문화

wetenskap en kultuur

les sciences et la culture

science ke amane

maranyane le ngwao

科学和文化

mahlale le setso

ciencia y cultura

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Dr. Amaro is Professor of Social and Behavioral Sciences in the School of Public Health at Boston University. She received her doctoral degree from the University of California, Los Angeles, in 1982 and was awarded an honorary doctoral degree in humane Letters by Simmons College in 1994. Over the last 20 years, Dr. Amaro's work has focused on improving the connections between public health research and public health practice. Her research has resulted in more than 60 scientific publications on epidemiologic and community-based studies of alcohol and drug use among adolescents and adults, the effectiveness of HIV/AIDS prevention programs, and substance abuse and mental health treatment issues for women. She has been the principal investigator and manager of 28 public health research grants totaling more than \$25 million. Dr. Amaro has served on the editorial board of prominent scientific journals and on review and advisory committees to the National Institutes of Health, U.S. Department of Health and Human Services, and the Institute of Medicine. Dr. Amaro's professional contributions have been recognized by numerous professional and government organizations including the American Psychological Association, Association of Women in Psychology, Massachusetts Public Health Association, and Hispanic Mental Health Professional Association. She recently served as a Distinguished Visiting Professor in Women's Health at Ben Gurion University in Israel.



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Dr. Barthwell received her bachelor of arts degree in psychology from Wesleyan University in Connecticut and her medical degree from the University of Michigan Medical School. She did her postgraduate training at the University of Chicago and has continued to practice in the Chicago area. From early in her career, she has focused on the psychological and sociological impact of substance abuse on our Nation's communities. An active member of numerous boards and organizations, and an author and lecturer on the problems and challenges associated with substance abuse, Dr. Barthwell has consulted both at the highest levels of governmental policy and in the community-based organizations and counseling centers that deal with the very personal side of addiction. In 1997 Dr. Barthwell was selected by her peers as one of the "Best Doctors in America" in Addiction Medicine and featured in *Chicago Magazine*.

Dr. Barthwell is President of the Encounter Medical Group in Oak Park. She also serves as President/CEO for the Behavioral Research Action in Social Sciences Foundation and Executive Vice President/CCO for the Human Resources Development Institute, Inc. She is a member and President of the Board of Directors of the American Society of Addiction Medicine. She also served two terms as the President of the Illinois Society of Addiction Medicine. Dr. Barthwell is in demand as a special consultant, particularly in the areas of training in chemical dependency, violence, cultural issues, and infectious diseases, particularly HIV infection. She is a member of the National Advisory



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Dr. Brown is a physician-researcher trained in internal medicine, neuroendocrinology, and addiction medicine. Dr. Brown has provided consultation to a host of agencies, including the U.S. Food and Drug Administration, the National Institute on Drug Abuse, and the National Institute of Allergy and Infectious Diseases. Dr. Brown is President-elect of the American Society of Addiction Medicine and serves as the Medical Advisor to the National Football League.

Dr. Brown's scientific contributions have focused on addiction and drug abuse-related HIV transmission. He has authored more than 50 peer-reviewed articles, 10 chapters, and 100 published abstracts.

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Dr. Campbell trained at the Hospital of the University of Pennsylvania, where she also served as Chief Resident during her last year. She joined the faculty in 1993.

Her research interests include the treatment of schizophrenia comorbid with cocaine abuse. She has received Federal funding in this area and has participated in multisite clinical trials involving the pharmacological treatment of schizophrenia and side effects of these medications. In addition, she has been honored with numerous awards for her outstanding teaching abilities.



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Dr. Fisher is a research scientist at the Oregon Social Learning Center (OSLC) in Eugene, Oregon. He is particularly interested in prevention in the early years of life. Dr. Fisher is principal investigator (PI) on the Indian Family Wellness (IFW) Project, a 5-year study funded by NIDA that involves a collaboration with the Tribal Head Start Program in a Native American community. This project employs a multiple-baseline design to test the effectiveness of a culturally sensitive, family-based preventive intervention. The IFW Project is based on a model of community empowerment and, as such, has from the start actively involved tribal government and community members in all areas—from development of the proposal to articulation of the targeted areas and techniques for the intervention, to oversight of the research process and collection and analysis of data. A major emphasis of this project is the transfer of prevention research technology into the community, thereby allowing the tribe to set its own research agenda. Dr. Fisher is also PI on the Early Intervention Foster Care (EIFC) Project, a 5-year randomized trial funded by the National Institute of Mental Health (NIMH) to test the effectiveness of a preventive intervention for maltreated preschool-aged foster children. The intervention incorporates many of the elements of OSLC's Multidimensional Treatment Foster Care program for adolescents and adds additional components such as a focus on developmental delays and a home visitation model of service delivery that are designed to meet the needs of children in this age group. The research being conducted on the EIFC Project examines how the intervention impacts multiple domains, including behavior, emotions, and neurophysiology (specifically, HPA axis activity, frontal lobe function, and memory). Related to this project, Dr. Fisher is a co-investigator of an NIMH-funded network grant examining the effects of early experiences on glucocorticoid activity in the brain. Dr. Fisher also serves on a number of national advisory groups, including a National Institute on Drug Abuse work group of Native American researchers and scholars and a National Institutes of Health study section that evaluates proposals for community-based interventions.



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Dr. Flagg-Newton holds a baccalaureate degree in zoology from Tennessee State University. She earned a doctorate in physiology at Harvard University and pursued additional postdoctoral studies at the University of Miami School of Medicine, Miami, Florida. Dr. Flagg-Newton began her career as a research associate and later became an assistant professor at the University of Oklahoma Health Sciences Center. In 1988, she joined the National Institute of General Medical Sciences (NIGMS), NIH. After a brief period with the Directorate of Environmental Engineering, Tinker Air Force Base, Oklahoma, she returned to NIGMS as a Scientific Review Administrator. Dr. Flagg-Newton transferred to the Fogarty International Center, NIH, in 1995 and served as the Director of the Minority International Research Training Program. This program enables U.S. colleges and universities to support international training and research opportunities for U.S. minorities underrepresented in the scientific professions. Dr. Flagg-Newton has received numerous awards including the NIH Director's Award for leadership, initiative, and enthusiasm in promoting excellence in elementary school science education through the Science Alliance Program and the Director's Award for meritorious performance. She is a member of the American Association for the Advancement of Science.

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Dr. Francis was appointed Director of the Center on AIDS and Other Medical Consequences of Drug Abuse (CAMCODA) at the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), in June 1998. The Center, with a \$150 million budget, coordinates and provides leadership for NIDA's AIDS and other medical consequences research activities and collaborates with other NIH Institutes, government agencies, and nongovernment groups on issues concerning HIV/AIDS, comorbid infections, medical/mental health, and developmental consequences of drug abuse. The Center develops multidisciplinary national and international programs on HIV/AIDS, medical/mental health and developmental consequences of drug abuse, and the relationship between drug use comorbidity and diseases of public health importance. Before joining CAMCODA, he served for 2 years as Branch Chief of the Clinical Medicine Branch within the Division of Clinical and Services Research, NIDA.

Dr. Francis received his medical degree from Howard University College of Medicine in Washington, D.C., in 1978. His clinical training took place from 1978 through 1981 at the University of California's Long Beach Veterans Administration Medical Center, where he was a resident in internal medicine. He received his infectious disease training at Johns Hopkins Medical School's Division of Infectious Diseases from 1987 to 1988. Dr. Francis served as Medical Staff Fellow from 1981 to 1984 in the Laboratory of Parasitic Diseases at the National Institute of Allergy and Infectious Diseases (NIAID) at NIH.

Dr. Francis was a NIAID Expert Consultant in Tamale, Ghana, from 1981 to 1983 on an Onchocerciasis Research Project for NIAID and the Director of the Public Health Service and Belgian Project SIDA (AIDS research) Research Laboratories in Kinshasa, Democratic Republic of the Congo (Zaire), from 1984 to 1988.

Dr. Francis' positions since 1989 have included Assistant Professor of Medicine at Johns Hopkins Medical School, Special Assistant to the Director of Intramural Research, NIAID, Medical Director of Baltimore City Health Department's Early HIV Intervention Program and STD clinics, and Principal Medical Officer of the Johns Hopkins Broadway Center's Women's Comprehensive Drug Use Program.

Dr. Francis has clinical certifications from the National Board of Examiners, American Board of Internal Medicine, and American Board of Infectious Diseases. He was certified in research as an Expert in Parasitic Diseases in 1983 and Expert in Immunology in 1988 through NIAID, NIH.

Between 1986 and 1994, Dr. Francis wrote 48 HIV/AIDS articles published in the *Journal of the American Medical Association*, *Lancet*, *Journal of Immunology*, *Journal of Infectious Diseases*, *Pediatrics*, *AIDS*, *New England Journal of Medicine*, and *Journal of Clinical Investigation*.



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Dr. Frank was born in Washington, D.C., and graduated from Radcliffe College summa cum laude in 1970. She worked as a social work assistant and research assistant from 1970 to 1972. During this time, she discovered that she wanted to serve young children by becoming a pediatrician. In 1976, she graduated from Harvard Medical School and completed her residency at Children's Orthopedic Hospital in Seattle, Washington. Strongly interested in child development, she served as a Fellow at Children's Hospital Medical Center and later as the staff physician on its Failure to Thrive Team. In 1981, in response to a growing number of failure to thrive (FTT) families, she founded the Failure to Thrive Program at Boston City Hospital (now Boston Medical Center) in Boston.

Dr. Frank's Failure to Thrive Program, which is now called the Grow Clinic for Children, at Boston Medical Center, is a national model for treating FTT. The program is a comprehensive treatment plan that provides medical care, nutritional counseling, and social outreach in an effort to empower parents to help their children grow. The program also operates a food pantry and clothing room for FTT patients and their families. More than 90 percent of the children who are seen in the clinic improve and ultimately "graduate" from the program.

Over the course of her career, Dr. Frank has written numerous scientific articles and papers. Her work has focused on breastfeeding promotion, children who were exposed in utero to cocaine, nutrition among homeless pregnant women and children, failure to thrive, and the "heat or eat" phenomenon, a term she coined to describe the dilemma that many low-income families face in the winter when they must make the critical choice between heating and feeding their children. She has also reviewed for journals such as *Pediatrics* and *Neurotoxicology and Teratology*.

Cited as a respected authority in her field, Dr. Frank often gives testimony to the growing problem of hunger in the United States and its effects on children. She has served on numerous committees and advisory boards, such as the Mayor's Hunger Commission, the Massachusetts Child Hunger Initiative, and the Physicians Task Force on Childhood Hunger in Massachusetts. She has also appeared before the United States House of Representatives and the United States Senate to give testimony regarding the food assistance programs and the Low-Income Home Energy Assistance Program.

Dr. Frank was presented with the Children's Champion Award from the U.S. Committee of UNICEF in 1986, the U.S. Mayor's End Hunger Award in 1991, the Massachusetts Nutrition Board Award of Excellence in 1991, the Boston Visiting Nurse Association Home Health Care Partnership Award in 1993, the Roxbury Comprehensive Community Health Center We Take Your Health to Heart Award in 1995, and Rosie's Place Share Your Heart Award in 2000.



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Dr. Fuller is an Assistant Professor at Mailman School of Public Health, Columbia University, and an infectious disease epidemiologist with the Center for Urban Epidemiologic Studies, New York Academy of Medicine. Her research involves high-risk behavior and social-contextual effects contributing to injection drug use and disease transmission among young drug users.

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Dr. Griffin is an Assistant Professor in the Department of Public Health at Weill Medical College of Cornell University and also serves as Senior Data Analyst at Cornell's Institute for Prevention Research. In his latter capacity, Dr. Griffin evaluates the effectiveness of the Institute's intervention programs using a variety of statistical methodologies. In addition, Dr. Griffin conducts epidemiological and etiological studies of adolescent risk behaviors, including tobacco, alcohol, and marijuana use; illicit drug use; and violent and aggressive behaviors. His research examines how demographic factors, social influence variables, and individual characteristics are associated with the initiation and escalation of substance use and aggression among youth from a variety of backgrounds.

Before joining Cornell, Dr. Griffin spent 2 years as a postdoctoral fellow at Columbia University in the Department of Psychiatry and the HIV Center for Clinical and Behavioral Studies. Dr. Griffin holds an M.P.H. degree in epidemiology from Columbia (1997), a doctorate in social and health psychology from the State University of New York at Stony Brook (1995), and a B.A. degree in psychology from the University of Chicago (1986).

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Dr. Harewood received his bachelor's degree from New York University and his doctorate from City University of New York. He worked for 23 years in the cancer research department of Pfizer Inc. In 1994, he joined the faculty at Florida A&M University and later moved to North Carolina Central University, where he serves as Director of the new Biomedical/Biotechnology Research Institute.

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Dr. Harrison is the principal investigator of a \$2.2 million, 5-year grant from the National Institute on Drug Abuse to prevent substance use among rural African American youths. She is an Associate Professor of Psychology at Southern University in Baton Rouge, Louisiana.

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Dr. Hart is an Assistant Professor of Clinical Neuroscience at Columbia University's College of Physicians and Surgeons and is a Research Scientist at the New York State Psychiatric Institute in the Division on Substance Abuse. He is currently conducting laboratory research with human participants, focusing on using the laboratory as an interface between non-human research and the clinic.

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Dr. Iguchi is a member of the Center for Substance Abuse Treatment's National Advisory Council, a member of the Board of Directors of the College on Problems of Drug Dependence, a member of the Editorial Board for *Drug and Alcohol Dependence*, and a principal investigator on several National Institute on Drug Abuse treatment grants.

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Dr. Jones is Professor of Psychology at the University of Delaware and Director of the Minority Fellowship Program at the American Psychological Association. Dr. Jones earned a B.A. degree from Oberlin College, an M.A. degree from Temple University, and a doctorate in social psychology from Yale University. He is the author of *Prejudice and Racism* (McGraw-Hill). Dr. Jones is a social psychologist and past President of the Society of Experimental Social Psychology. He was awarded the 1999 Lifetime Achievement Award of the Society for the Psychological Study of Ethnic Minority Issues and the 2001 Kurt Lewin Memorial Award by the Society for the Psychological Study of Social Issues.

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Ms. Jones is Clinical Professor at the Mailman School of Public Health of Columbia University and Director of the National Technical Assistance Center of *Free to Grow: Head Start Partnerships to Promote Substance-free Communities* supported by The Robert Wood Johnson Foundation.

Ms. Jones recently served as Senior Advisor to the Carnegie Corporation for the Starting Points State and Community Partnerships for Young Children grants program. She is the founding director of the National Center for Children in Poverty established in 1989 at Columbia University, with major support provided by the Ford Foundation and Carnegie Corporation of New York.

Ms. Jones has appeared in the media, as an expert witness before congressional committees, and as keynoter and presenter at numerous professional and foundation meetings. Professor Jones serves on numerous boards and advisory committees focused on improving the well-being of families and young children. She has also served as a consultant to private and governmental organizations in the United States, Mexico, Thailand, Indonesia, Philippines, and Europe.

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Dr. Jumper-Thurman, a Western Cherokee, has served as both principal and co-principal Investigator on National Institute on Drug Abuse (NIDA), Centers for Disease Control and Prevention, and National Institute of Justice grants on such topics as prevention of inhalant use, drug use among American Indians, prevention of intimate partner violence, community readiness, and prevention of violence among American Indian women. She has been Director of Behavioral Health at a Native outpatient drug and alcohol treatment facility in Tulsa, Oklahoma, and has served on Initial Review Groups for the Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention, and NIDA. She is also a member of the CSAT Council. Dr. Jumper-Thurman has worked extensively with prevention and treatment intervention in American Indian communities in the field of addiction as well as more specifically with solvent abuse and women's issues. She is one of the developers of the Community Readiness Model and has also published articles and book chapters specific to Native people on issues such as cultural diversity, community intervention, criminal justice, substance use prevention and treatment, violence prevention, women's issues, and inhalant and solvent abuse.

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Mr. Jurith was appointed to serve as Acting Director of the Office of National Drug Control Policy (ONDCP) by President Clinton on January 10, 2001. He had served as ONDCP General Counsel since 1994.

During his tenure as General Counsel, Mr. Jurith was responsible for ensuring ONDCP compliance with all Federal laws and regulations and served as general legal adviser to the Director and ONDCP staff. He took a 1-year sabbatical in 1997 as an Atlantic Fellow in Public Policy at the University of Manchester in the United Kingdom, where he lectured on drug policy issues. In addition, as part of his Atlantic Fellowship program, Mr. Jurith assisted the United Kingdom Anti-Drugs Coordinator in developing the Blair Government's strategy for reducing drug abuse.

Mr. Jurith has more than 20 years of Federal drug policy-making experience. Before becoming General Counsel, he served as ONDCP's Director of Legislative Affairs from 1993 to 1994. He came to ONDCP from the U.S. House of Representatives' Select Committee on Narcotics Abuse and Control, where he was Staff Director from 1987 to 1993 and Counsel from 1981 to 1986. While on the staff of the Select Committee, he was instrumental in the development of the Anti-Drug Abuse Acts of 1986 and 1988. These laws provide the statutory framework for current U.S. national drug control policy. Before serving in the Federal Government, Mr. Jurith was an attorney in private practice in New York City from 1976 to 1981.

Mr. Jurith graduated from American University, Washington, D.C., in 1973 with a B.A. degree in political science, cum laude, with honors in government. He received a Juris Doctor degree from Brooklyn Law School in 1976 and is a member of the New York and District of Columbia Bars. Mr. Jurith has lectured widely on drug policy at U.S. and British universities and has published in the areas of substance abuse and drug policy.

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Dr. Kuramoto is National Director of the National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA) in Los Angeles, which is a private, nonprofit membership organization. Its mission is to advocate for the prevention and treatment of substance abuse and related problems among Asian and Pacific Islanders.

Dr. Kuramoto received a bachelor's degree in psychology from the University of California, Los Angeles (UCLA), a master's degree in social work from San Diego State University, and a D.S.W. degree from the University of Southern California. He is a Licensed Clinical Social Worker and on the Editorial Board of the *American Orthopsychiatric Association Journal*.

After serving as an officer in the U.S. Army, Dr. Kuramoto was a Child Welfare Worker and Supervisor for the Los Angeles County Department of Public Social Services. He then joined the National Institute of Mental Health. Upon his return to Los Angeles, Dr. Kuramoto joined the faculty of the Department of Biobehavioral Sciences, School of Medicine, UCLA. Later, he directed a community mental health center in Hollywood for the County Department of Mental Health.

Dr. Kuramoto has been a direct service worker, supervisor, and manager in both the public and private sectors. As National Director of NAPAFASA, he has worked with a number of organizations within the U.S. Department of Health and Human Services, Department of Defense, Veterans Administration, Congressional Office of Technology Assessment, Department of Justice, Department of State, Department of Housing and Urban Development, and Department of Education; local and state agencies; and jurisdictions in the Pacific Islands (e.g., Guam).

Dr. Kuramoto's doctoral dissertation on a child welfare program in the Japanese American community in Los Angeles has been published, along with several journal articles and chapters in books and monographs.

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Dr. Leshner was appointed Director of the National Institute on Drug Abuse (NIDA) in February 1994. NIDA, one of the Institutes within the National Institutes of Health (NIH), supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction. Before joining NIDA, Dr. Leshner had been with the National Institute of Mental Health (NIMH) since 1988, holding the positions of Deputy Director and then Acting Director. He came to NIMH from the National Science Foundation (NSF), where he held a variety of senior positions focusing on basic research in the biological, behavioral, and social sciences as well as on science education. Dr. Leshner joined the NSF after 10 years at Bucknell University, where he was Professor of Psychology. His research has focused on the biological bases of behavior. Dr. Leshner is the author of a major textbook on the relationship between hormones and behavior and numerous book chapters and papers in professional journals. He received his undergraduate degree in psychology from Franklin and Marshall College and his master's and doctoral degrees in physiological psychology from Rutgers University. Dr. Leshner also holds honorary Doctor of Science degrees from Franklin and Marshall College and the Pavlov Medical University in St. Petersburg, Russia. He has been elected a Fellow of many professional societies and has received numerous awards from both professional and lay groups. In 1996, President Clinton conferred on Dr. Leshner the Presidential Distinguished Executive Rank Award, the highest award in Federal service. In 1998, Dr. Leshner was elected to membership in the Institute of Medicine of the National Academy of Sciences.

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Dr. Liddle is Professor of Epidemiology and Public Health and Director of the Center for Treatment Research on Adolescent Drug Abuse at the University of Miami School of Medicine. A psychologist, Dr. Liddle is a nationally recognized expert on adolescent substance abuse and delinquency. He reviews grants and serves on expert panels addressing the problems of adolescents for the National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, and Center for Substance Abuse Treatment. His 25 years of work in this specialty have been recognized with awards from the American Psychological Association, the American Association for Marriage and Family Therapy, and the American Family Therapy Academy. He has been a faculty member at the University of Miami since 1996. Earlier he was a faculty member at the University of California, San Francisco, and Temple University in Philadelphia. His research center at the University of Miami is one of two National Institutes of Health-funded centers that focus on adolescent drug abuse treatment research. Dr. Liddle and his team are currently conducting treatment studies in Miami and around the country on a comprehensive, family-based treatment for juvenile justice-involved, drug-abusing adolescents. This treatment approach has been recognized as a research-based “Best Practice” by the Office of Juvenile Justice Delinquency Prevention, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment and as an empirically validated treatment by NIDA.

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Mr. Martin is a Senior Scientist with the Center for Drug and Alcohol Studies at the University of Delaware. His two main areas of work are the effectiveness of drug treatment for criminal justice offenders and youth substance abuse. He is co-principal investigator (James Inciardi, PI) on the National Institute on Drug Abuse (NIDA) grants for long-term evaluation of the Therapeutic Community Continuum for Offenders in Delaware, and he is principal investigator on a NIDA grant examining HIV prevention interventions among probationers. He is the Evaluator for Delaware’s CSAP SIG, conducts Delaware’s school surveys of substance abuse, and is co-principal investigator of a NIDA grant (Lana Harrison, PI) to assess the validity of self-report of drug use.

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Dr. McCoy is a Professor and Chair of the Department of Epidemiology and Public Health and Director of the Comprehensive Drug Research Center at the University of Miami School of Medicine. His research efforts in drug abuse and HIV/AIDS have been federally funded continuously for more than 25 consecutive years.

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Dr. McDonald is Director of the Families and Schools Together (FAST) Project and Senior Scientist at the Wisconsin Center for Education Research, University of Wisconsin-Madison. She started a nonprofit, FAST International, to disseminate results from the FAST Project, a preventive intervention involving family therapy programming for low-income populations with adolescent addicts, including multifamily groups. Dr. McDonald was recently appointed to the President's Advisory Council on Youth Drug Use.

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Dr. Mechanic received her bachelor's degree from Yale College and her M.D. degree from the State University of New York Health Science Center at Brooklyn. She trained in psychiatry at Yale University School of Medicine, where she was also a postdoctoral Fellow and Chief Resident at Yale's Clinical Neuroscience Research Unit.

Dr. Mechanic's research interests include the application of research-proven treatments for substance abuse to community treatment settings.

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Mr. Millstein is Deputy Director of the National Institute on Drug Abuse (NIDA). He has been instrumental in planning, developing, and implementing NIDA's programs in basic, clinical, epidemiological, and applied scientific research aimed at reducing the burden of drug abuse. Mr. Millstein has served in a variety of roles throughout his career in government service, including a dual role as both Principal Advisor to the Director of the White House Office of National Drug Control Policy and the U.S. Department of Health and Human Services' Liaison on drug demand-reduction activities. He is a recognized expert in the legal, ethical, and policy areas of mental health and addictive disorders. Mr. Millstein has authored and edited a number of key articles on a variety of public health issues. He has twice received the Presidential Executive Rank Award, the highest performance award bestowed on career civil servants.

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Dr. Morgenstern is Director of Treatment Research at the National Center on Addiction and Substance Abuse at Columbia University. He is also Associate Professor of Psychiatry and Health Policy and Director of the Alcohol Treatment Program at the Mount Sinai School of Medicine. Dr. Morgenstern's areas of research interest include comorbidity, cognitive behavioral treatment for substance use disorders, and the transfer of knowledge from research to practice. Dr. Morgenstern has a special interest in developing substance abuse treatment services for disadvantaged populations. For the last 5 years he has served as a senior consultant to the New Jersey Department of Human Services and has assisted in the development and evaluation of special services for substance-abusing women on welfare.

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Dr. Quille is the Clinical Director of the Center for Treatment Research on Adolescent Drug Abuse (CTRADA) and a faculty member in the Department of Epidemiology and Public Health at the University of Miami School of Medicine. As a psychologist, Dr. Quille has worked in the field of adolescent substance abuse for the past 9 years, and, before receiving her doctorate, she worked in the fields of substance abuse and child welfare. Dr. Quille has developed culturally sensitive interventions in her role at CTRADA and has presented nationally on the development of culturally sensitive therapies. Dr. Quille was awarded the Rosalyn Carter Caregiver Award for her work with African American female substance abusers.

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Dr. Rotheram-Borus' research interests include HIV/AIDS prevention with adolescents, suicide among adolescents, homeless youths, assessment and modification of children's social skills, ethnic identity, group processes, and cross-ethnic interactions. Dr. Rotheram-Borus has received grants from the National Institute of Mental Health to study HIV prevention with adolescents and persons with sexually transmitted diseases; to study interventions for children whose parents have AIDS and for HIV-seropositive adolescents; and to examine national patterns of use, costs, outcomes, and need for children's and adolescents' mental health service programs.

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Dr. Ruffin was appointed the first Director of the National Center on Minority Health and Health Disparities at the National Institutes of Health (NIH) on January 9, 2001. In this role, he leads the NIH effort to address health disparities in racial and ethnic populations and in other populations experiencing health disparities. The former Director of the NIH Office of Research on Minority Health, Dr. Ruffin developed the largest program in the country promoting biomedical research and research training. A native of New Orleans, Louisiana, Dr. Ruffin received his baccalaureate degree from Dillard University and a master's degree from Atlanta University. He earned a doctorate at Kansas State University in systematic and developmental biology and then pursued postdoctoral studies at Harvard University.

Dr. Ruffin has devoted 25 years of his professional life to improving the health status of minority populations in the United States and to developing and supporting education programs for minority researchers and health care practitioners. Before joining the NIH, he was Dean of the College of Arts and Science at North Carolina Central University. As the Director, Office of Research on Minority Health, NIH, Dr. Ruffin convened an advisory Minority Fact-Finding Team (FFT) to help NIH identify specific minority health concerns and current gaps in minority training. Co-chaired by Dr. Norman Francis, President of Xavier University of Louisiana, and Dr. David Satcher, U.S. Surgeon General and Assistant Secretary for Health, the 53-member FFT included such distinguished members as Dr. Donna Shalala, former Secretary of the U.S. Department of Health and Human Services (DHHS), and the late Dr. Theodore Cooper, a former DHHS Assistant Secretary for Health. The FFT organized three large national meetings involving nearly 1,000 members of minority communities. Their recommendations served as guidelines for the Minority Health Initiative, a set of programs aimed at improving minority health throughout the lifespan and increasing the numbers of under-represented minorities in the biomedical and behavioral sciences. The Minority Health Initiative received strong support from the Congress and was initially funded at \$45 million. Support has steadily increased each year to a current funding level of \$130 million for the new National Center on Minority Health and Health Disparities.

Dr. Ruffin's lifelong commitment to academic excellence and promotion of numerous partnerships with government, private industry, and academic institutions to support minority health research and research training have earned him much recognition. He has received the Samuel L. Kountz Award (1997) for his significant contribution to the cause of increasing access and participation in organ and tissue transplantation in minorities, the NIH Director's Award, the National Hispanic Leadership Award, the Beta Beta Beta Biological Honor Society Award, the National Medical Association Award of Appreciation, a Special Recognition Award by the Secretary of Health and Human Services, and, most recently, the Presidential Merit Award.

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Dr. Sanders-Phillips received her Ph.D. degree in developmental psychology from The Johns Hopkins University. She is currently a Distinguished Scientist in Drug Abuse Prevention Research and Director of the Research Program in the Epidemiology and Prevention of Drug Abuse at Howard University's Center for Drug Abuse Research. She was formerly a faculty member in the Department of Pediatrics at the University of California, Los Angeles (UCLA) School of Medicine and the Charles R. Drew University of Medicine and Science. She has also served as a faculty member in the School of Public Health at the University of California at Berkeley, Senior Program Director with the UCLA School of Public Health, Division of Community Health Sciences, and Associate Member of the UCLA Jonsson Comprehensive Cancer Center. Much of her research has focused on general health behaviors and health outcomes in low-income African American and Latino women and children. The work has specifically explored the impact of psychosocial factors such as exposure to community violence on health decisions and behaviors in these populations and resulted in the development of an 8-year community-based cancer prevention program for Head Start mothers in south central Los Angeles. Dr. Sanders-Phillips has published several articles on the psychosocial determinants of health behaviors in low-income, ethnic minority groups. In 1991, Dr. Sanders-Phillips was a University of California Wellness Lecture awardee for her work on health behaviors in African American and Latino populations.

Dr. Sanders-Phillips serves as a member of the National Advisory Council for the National Institute on Drug Abuse and is a member of the Advisory Council for the University of California Tobacco-Related Disease Research Program. She is the former Chair of the University of California AIDS Taskforce and a former member of the Extramural Science Advisory Board for the National Institute on Drug Abuse.

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Dr. Singer, Assistant Clinical Professor in the Department of Community Medicine at the University of Connecticut Health Center, is Director of Research and Deputy Director of the Hispanic Health Council, Inc., in Hartford, where he has worked since 1982. Dr. Singer is principal investigator on Project COPE, a community demonstration research project funded by the National Institute on Drug Abuse that is designed to test culturally relevant AIDS prevention for African American and Hispanic injection drug users and non-injection cocaine users; Director of Project CONNECT, a federally funded program to provide AIDS prevention education and pretreatment drug counseling and referral to drug users and their sex partners; Project Director of Project Recovery, a comprehensive drug treatment program for pregnant women funded by the Hartford Foundation for Public Giving; and Director of the Hartford Needle Exchange Evaluation Project, funded by the American Foundation for AIDS Research. Dr. Singer is a medical anthropologist and serves as a Steering Committee member of the AIDS and Anthropology Research Group of the Society for Medical Anthropology and the Chairperson of the American Anthropological Association Task Force on AIDS. Dr. Singer has more than 60 publications in the social science and health literature. He is coeditor of *Rethinking AIDS Prevention: Cultural Approaches* (Gordon and Breach Science Publishers, 1992) and coauthor of *African American Religion in the Twentieth Century* (University of Tennessee Press, 1992).

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Mr. Springfield is a graduate student working toward a doctorate in psychology with a specialization in neuropsychology. He conducts behavioral research at Morehouse School of Medicine under the tutelage of Dr. James Griffin. Mr. Springfield is the recipient of a research-training supplement funded by the National Institute on Drug Abuse through the Special Populations Office.

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Dr. Stephens is a native of Memphis, Tennessee. He received his bachelor's degree in psychology from Morehouse College, his master's degree in educational psychology and measurement from Atlanta University, and his doctorate from Clark Atlanta University. He has completed postdoctoral work with the International Foundation for Education and Self-Help, with a fellowship emphasis on international health. Additional postdoctoral work with the U.S. Department of Education and the West African Research Association was completed with a fellowship emphasis on epidemiology.

Launching his career in Atlanta, Georgia, Dr. Stephens has worked as Adjunct Professor at Clark Atlanta University and Research Specialist at Morris Brown. Other positions include Research Specialist at Wholistic Stress Control Institute, Inc., of Atlanta and Africare International, Owerri, Imo State, Nigeria. Currently, Dr. Stephens is Research Assistant Professor at Emory University's Rollins School of Public Health. In that role, he has taught social behavior and public health, social statistics, and public health theory. Dr. Stephens has also been involved in student-advising activities. In the past 3 years, he has been the chair or a member of the thesis committee for 15 students.

Dr. Stephens' interest in African American male health is reflected in his numerous projects, presentations, and publications. He is currently co-investigator for several projects including a post-apartheid study of prison health issues in the South.

Actively involved in the community, Dr. Stephens is a member of the Georgia Statewide HIV Prevention Community Planning Council as well as the Advisory Committee for the United Way of Metropolitan Atlanta AIDS Response Fund.

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Dr. Sterk is a Professor at the Rollins School of Public Health at Emory University. Her background is in anthropology and sociology, and her research interests include substance use and addiction, women's health, mental health, and community-based prevention interventions. Dr. Sterk is the principal investigator on a National Institute on Drug Abuse grant for research that is developing, implementing, and evaluating an HIV risk reduction for African American female crack users. Other funded projects link individual, household, and community factors and explore (re)emerging drug trends and use patterns. She has written several monographs and is widely published in her areas of interest.

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Dr. Stubben is an extension State communities specialist and principal research investigator at the Institute for Social and Behavioral Research at Iowa State University. Presently, he serves as a co-principal investigator on a National Institute on Drug Abuse-funded project to develop, implement, and evaluate a tribally based, family-oriented substance abuse prevention program and as principal investigator on a Center for Substance Abuse Prevention high school-based intervention project. He has written several monographs and articles on culturally competent substance abuse prevention and treatment issues. He is a member of the Osni Punka (Northern Ponca) Heduska Society.

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Dr. Szapocznik is Professor of Psychiatry and Behavioral Sciences, Psychology, and Counseling Psychology at the University of Miami. Dr. Szapocznik is also Director of the Center for Family Studies/Spanish Family Guidance Center, University of Miami School of Medicine. This Center is the Nation's major systematic program of minority family therapy research. Dr. Szapocznik currently serves on the National Institute on Drug Abuse (NIDA) Advisory Council and has served on the Center for Substance Abuse Prevention (CSAP) National Advisory Council, the NIDA Extramural Science Advisory Board, the National Institute of Mental Health (NIMH) Advisory Council, and the Office of AIDS Research Advisory Council (ex officio) of the National Institutes of Health. He has been a member of the Search Committees for the Directors of NIDA, NIMH, U.S. Food and Drug Administration, CSAP, and Center for Substance Abuse Treatment.

For his groundbreaking contributions in intervention research with minority families, Dr. Szapocznik has received national recognition awards such as the 2001 Exemplary Substance Abuse Prevention Program Award; the 2000 Presidential Award for research on the development of family interventions for adolescents, from the Society for Prevention Research; the Lifetime Achievement Award for the Latino Behavioral Health Institute; the first-ever Substance Abuse Prevention Research Award from the National Substance Abuse Prevention Congress; and awards from the American Psychological Association, the American Family Therapy Academy, the American Association for Marriage and Family Therapy, the National Coalition of Hispanic Health and Human Services Organization, and the Association of Hispanic Mental Health Professionals. Internationally, his work led to the designation of the Spanish Family Guidance Center as a World Health Organization Collaborating Center.

Dr. Szapocznik has more than 145 professional publications, including a seminal book, *Breakthroughs in Family Therapy with Drug Abusing and Problem Youth* (Springer, 1989). His updated *Brief Strategic Family Therapy Manual* will be published in 2001 by NIDA as part of NIDA's Treatment Manual Series.

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Dr. Trupin is Professor and Vice Chair in the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine in Seattle, Washington. He is a child psychologist. Dr. Trupin directed the Division of Child and Adolescent Psychiatry at Children's Hospital and Medical Center for 12 years.

Dr. Trupin is also the Director of the Division of Public Behavioral Health and Justice Policy, which maintains a wide range of clinical, research, and training programs primarily focused on youth and adults who manifest both mental illness and substance abuse and are involved with the justice system. His research interests are focused in the following areas: prevalence and prevention of mental illness in children and adolescents, analysis and development of mental health public policy and service system integration for adults and children, and mentally ill youth and adults in the criminal justice system.

During 1993-94, Dr. Trupin was a Robert Wood Johnson Health Policy Fellow, working for the U.S. Congress on the House Ways and Means Committee. He has been a consultant to numerous State and Federal agencies on issues related to child and adolescent mental health.

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Dr. Turner has a doctorate in sociology from Syracuse University. He is a Professor in the College of Health and Urban Affairs and Director of the Life Course and Health Research Center at Florida International University. Previous positions have included appointments as Professor of Psychiatry, Professor of Psychology, and Professor of Epidemiology and Biostatistics. He holds two major grants from the National Institute on Drug Abuse.

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Dr. Vereen began his duties as Deputy Director of the Office of National Drug Control Policy on June 1, 1998. Earlier, he served as Special Assistant to the Director for Medical Affairs at the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH).

During his tenure at NIH, Dr. Vereen worked on the development of new research strategies to address public health issues such as violence, drug abuse, and addiction. From 1992 to 1994 while at the National Institute of Mental Health, he was charged with the development of community-based research projects on violence. Dr. Vereen carried this interest over to NIDA, where he worked on interdisciplinary research projects dealing with the causes and consequences of drug abuse. This work led to the development of research partnerships within NIDA, NIH, and the U.S. Department of Health and Human Services as well as with other institutions, most notably the Departments of Justice and Education. In addition, Dr. Vereen was appointed to represent NIH on the District of Columbia Task Force on Health Affairs and worked with the Mayor's Health Policy Council.

Dr. Vereen graduated from Harvard College in 1980 with an A.B. degree in biology. He then attended Tufts University School of Medicine in Boston, where he received his M.D. degree. Dr. Vereen completed an internship in internal medicine at Salem Hospital, followed by a residency in psychiatry at Massachusetts General Hospital, where he was appointed Chief Resident. He received his master's degree in public health at the Harvard School of Public Health, an associate fellowship in health services research at Johns Hopkins School of Public Health and Hygiene, and a research fellowship in clinically relevant medical anthropology in the Department of Social Medicine at Harvard Medical School.

Dr. Vereen has held membership and leadership positions in several professional societies. He serves on the board of directors of a number of District of Columbia health organizations.

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Dr. Wallace is an Associate Professor at the University of Michigan's School of Social Work and a Faculty Associate at the Institute for Social Research. He earned his B.A. degree in sociology from the University of Chicago in 1987 and his M.A. degree and doctorate in sociology from the University of Michigan in 1988 and 1991, respectively.

Dr. Wallace is a co-investigator on the National Institute on Drug Abuse-funded Monitoring the Future Study. His current research examines (1) racial/ethnic differences in the epidemiology of adolescent substance use and (2) the relationship between religion and adolescent health-promoting and health-compromising behavior.

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Dr. Wechsberg has more than 25 years of experience in the substance abuse field. She has been a director of clinical services and has published on substance abusers and HIV risk, gender differences, and women's issues. She has led several studies with nontraditional recruitment methods for women and minorities at risk and is currently the Director of Substance Abuse Treatment Evaluations and Intervention Research at RTI International.

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nzululwazi ne amasiko nezithete

科学と文化

cwaningo no amasiko

과학과 민족문화

wetenskap en kultuur

les sciences et la culture

science ke amane

maranyane le ngwao

mahlale le setso

ciencia y cultura

科学和文化

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